THE UNIVERSITY OF CHICAGO

RESTORING SOCIAL BONDS:
GROUP-BASED TREATMENT AND THE SOCIAL RESOURCES
OF SYRIAN REFUGEES IN JORDAN

A DISSERTATION SUBMITTED TO

THE FACULTY OF THE SCHOOL OF SOCIAL SERVICE ADMINISTRATION

IN CANDIDACY FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

BY

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DEDICATION

No one leaves home unless
home is the mouth of a shark.
You only run for the border
when you see the whole city
running as well.

- Excerpted from *Home*, by Warsan Shire

I dedicate this dissertation to the Syrian men and women who courageously shared their stories as part of this research project.

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Chapter 1: Introduction

Background

War, political terror, and forced migration impair social functioning and erode social relationships. Displacement magnifies vulnerability by separating people from family, meaningful roles, and connection to community. Though the presence or absence of social resources can affect a person's life and well-being after war, there has been limited empirical investigation into the social lives of refugees, including interventions that may foster the rebuilding of such resources in exile. While group-based treatment is conceptualized as an ideal format for rebuilding social support and connection, there has been very limited investigation into the social and interpersonal processes and outcomes in group-based treatment with survivors of war, political terror, and forced migration, and no studies focused on Syrian refugees (Bunn, Goesel, Kinet, & Ray, 2016). Working in partnership with the Center for Victims of Torture in Jordan, this qualitative dissertation study focused on the experiences of Syrian urban refugees in Jordan who participated in a 10-week interdisciplinary group treatment program and examined two main research areas: (a) the social-relational losses that result from war and forced migration; and (b) the social-relational processes and experiences in an interdisciplinary group treatment intervention. The latter includes the nature and quality of relationships that develop in the group-based intervention and underlying group processes that facilitate relationships. This also includes how group-based treatment may contribute to the development of social and community resources for group members. This study is expected to strengthen understanding of the impact of war and exile on social-relational resources, the role of relationships in healing, and the promise of group-based treatment as a way of fostering social relationships.

The Syrian War

The starting point for this dissertation study is the war in Syria and the massive displacement of Syrians to countries around the world. The war in Syria has been described by the UN High Commissioner for Human Rights as "the great tragedy of this century" (Achilli, 2015, p. 2). Among the 25.9 million refugees globally, 6.7 million are Syrian men, women, and children who have fled their home to neighboring countries in the Middle East (UNHCR, 2019a) and, to a lesser extent, Europe and North America. The natural question that arises when considering the vast displacement of Syrians is: What is the situation that Syrian refugees are fleeing? While a full account of the history of Syria is beyond the scope of this introduction, some framing of political conditions in Syria, the nonviolent revolution, and ensuing war is needed to contextualize the current Syrian refugee crisis and this dissertation study.

The Syrian war began as a nonviolent movement for freedom and political change in 2011 (see Pearlman, 2017). The roots of the revolution are naturally complex and have been described as resulting from converging social, economic, and political factors (de Châtel, 2014). This includes increasing inequality and government corruption from 2000-2010, when power transitioned from the authoritarian President Hafaz al-Assad to his son Bashar al-Assad. Under President Hafaz, Syrians had existed under 30 years of repressive authoritarian rule that included widespread use of surveillance, paid informants, intimidation, detention, and routine torture. Pearlman (2016, 2017) wrote that many hoped the transition to the new president would bring about a new social, political, and economic reality. Instead, Syrians observed much of the same in terms of ongoing repression and a worsening of corruption and economic conditions (de Châtel, 2014; Pearlman, 2017).

Inspired by demonstrations for political freedom across the Middle East and North Africa, nonviolent demonstrations advocating for reform and human rights began to take place in Syria beginning in 2011 (Kahf, 2014). Given the long-term repressive rule of Syria, such protests had been previously unimaginable (Heydemann & Leenders, 2013). The movement was initiated by working-class young people across religions, sects, and ethnicities in the same rural cities where many of the participants from this study originated (e.g., Daraa and Homs). Kahf (2014) noted that the movement was defined as: "nonviolent, nonsectarian, noninterventionist, for the fall of the Assad regime and for the rise of a democratic, human-rights upholding Syria that is bound by the rule of law" (p. 557). Over time, the movement gained widespread support throughout the population, with protests spreading to cities and locations throughout Syria (Kahf, 2014). The response from the Syrian regime was one of brutality and political terror, including detention and torture of citizens, raids of civilian homes, summary executions, and killing of nonviolent protestors (Pearlman, 2017). External human rights institutions have characterized the actions of the Assad regime as crimes against humanity (Amnesty International, 2011).

It is important to recall the origin story of the revolution and its core ethics, particularly in light of how radically the context has changed in the ensuing years. Factions eventually took up arms and many other armed groups from neighboring countries entered into the conflict. Over the course of the war, violence has been instigated from all sides and the Syrian regime has consistently responded to its citizens with excessive brutality. Their methods violate international human rights treaties and have included the use of heavy artillery, chemical weapon attacks, and systematic starvation among the many cruel forms of violence (Human Rights Watch, 2018; UNHCR Human Rights Council, 2018). At the time of writing this dissertation, fighting and destruction persist in Syria and the return to a peaceful state seems difficult to imagine. To date,

it is estimated that more than 500,000 Syrian men, women, and children have been killed since the revolution began (Human Rights Watch, 2018). Moreover, millions have fled to neighboring countries or remain internally displaced with no clear solutions for peace or permanent resettlement in sight.

Jordan as a Context for Syrian Refugees

It was under these conditions that led more than 6 million Syrians to flee their country over the last 8 years. Currently, the majority of Syrians are living as refugees in low- and middle-income countries in the Middle East. To paraphrase the 1951 Convention on the Status of Refugees, a refugee is defined as a person who is outside their country and unable to return due to a well-founded fear of persecution (UNHCR, 2019b).

Among countries in the Middle East, Jordan has the second highest proportion of Syrian refugees compared to its overall population of 9 million (Achilli, 2015; see Table 1). As of June 2019, there were more than 600,000 Syrian refugees registered in Jordan (UNHCR, 2019c), and it is estimated that an additional 600,000 will be registered by December 2019 (Regional Refugee & Resilience Plan [3RP], 2019). As is true worldwide, the majority of Syrian refugees in Jordan (83%) live outside camps and reside in urban areas as *urban refugees* (UNHCR, 2019d). All participants in this study lived in and around the capital city of Amman and Zarqa. In addition to Syrian refugees, there are sizable refugee populations from Iraq, Yemen, Sudan, and Somalia in Jordan (UNHCR, 2019d). Furthermore, there are more than 2 million Palestinian refugees in Jordan, arriving in several waves beginning in 1948 (Arneberg, 1997).

While there is limited population-level data on Syrian refugees regionally or globally, a survey of Syrian refugees in Jordan indicated that approximately half of the Syrian population in Jordan originate from the governorate of Daraa, which is in close proximity to the Syria-Jordan

border, followed by Homs, Alleppo, and Damascus (Tiltnes, Zhang, & Pedersen, 2019). The population of Syrian refugees in Jordan differs from the overall Syrian population in several ways: (a) they overwhelmingly originate from rural or village contexts, (b) are younger overall, and (c) have less years of education on average compared to the overall Syrian population (Tiltnes et al., 2019).

Jordan and Syria share some important similarities. Stevens (2016) wrote that Syrians have historically maintained kinship ties in Jordan. As in Syria, Arabic is the national language in Jordan and Muslim is the majority religion. Surprisingly, at the time of writing, no population studies were available that contained information on religious identity of Syrian refugees in Jordan.

While the Jordanian government has maintained an open policy toward Syria, the influx of refugees has had a major impact on infrastructure and resources within Jordan. When contextualizing the impact of the refugee crisis in Jordan, it is helpful to compare it to more familiar contexts. Consider, for example, that Jordan is approximately three quarters of the size of Illinois and currently has more than 600,000 registered Syrian refugees. Since the Syrian war began in 2011, the U.S. has admitted 18,000 Syrian refugees (Refugee Processing Center, 2019). In fiscal year 2019, the U.S. has admitted 347 Syrian refugees total (Refugee Processing Center, 2019). This has naturally put substantial demands on resources in Jordan, including schools, housing, food, water, and employment. In addition to creating resource shortages, such conditions have contributed to hostility, social tension, and discrimination toward Syrian refugees in Jordan, who are seen as competing for limited resources (Achilli, 2015; Hassan, Ventevogel, Jefee-Bahloul, Barkil-Oteo, & Kirmayer, 2016; Wells, Steel, Abo-Hilal, Hassan, & Lawsin, 2016).

In Jordan, the UNHCR and other global actors provide cash and food assistance to Syrian refugees. Verme et al. (2015) conducted a population survey of Syrian refugees in Jordan. In this report, they indicated that 79% of Syrian refugees in Amman and 91% in Zarqa (locations where the dissertation study was conducted) receive cash assistance from an international or Jordanian organization. However, these benefits are modest and often do not adequately cover basic needs. The survey also observed high levels of debt and food insecurity. Such findings are consistent with regional data on Syrian refugees, including a reported 85% of Syrian refugees who are unable to meet their basic needs (3RP, 2019). In 2018, the Jordanian government offered a provision for legal employment to Syrian refugees limited to specific industries (3RP, 2019). Yet, unemployment and poverty remain high. Though no data are available on the economic status of Syrian refugees prior to leaving Syria, in a 2015 survey Syrian refugees in Jordan reported that compared to 2 years prior, their overall economic situation had worsened (Verme et al., 2015).

Table 1

Total Number of Syrian Refugees by Country of Asylum

Country	Overall Population	Population of Syrian Refugees
Turkey	79.8 million	3,614,108
Lebanon	6.1 million	935,454
Jordan	9 million	664,330
Iraq	38.3 million	252,983
Egypt	97.5 million	132,473
Other (North Africa)	n/a	35,713

Social-Relational Consequences of War and Forced Migration

Contemporary social-ecological models for understanding refugee mental health emphasize how past experiences, such as those in Syria, and environments characterized by ongoing stress and adversity, which is evident in Jordan, contribute to psychosocial problems (Miller & Rasmussen, 2017). Such experiences result in a complex phenomenon associated with psychological, health, social, and existential vulnerabilities (Silove, 2013). This dissertation study was particularly interested in the social-relational consequences of war, political terror, and forced migration. *Social-relational resources*[1] is an umbrella term used to refer to the nature and quality of social ties, social support, social networks, and social integration (Hall et al., 2014).

Experiences of war and political terror, such as those leading up to and during the Syrian war, breed fear and mistrust of others and have a deeply polluting effect on intimate ties, community relationships, and the broader social fabric (De Haene, Rousseau, Kevers, Deruddere, & Rober, 2018; Eagle & Kaminer, 2013). Forced migration exacerbates social vulnerability by separating people from family, meaningful roles, and connection to community (Papadopoulos, 2002). Previous research conducted with survivors of war and political terror has identified problems in social and community relationships as priority psychosocial issues (Bolton, Michalopoulos, Ahmed, Murray, & Bass, 2013; Murray, Bass, & Bolton, 2006). Particular to Syrian refugees in Jordan and Turkey, research has identified isolation, lack of social support, breakdown of social networks, limited spaces and opportunities for social engagement, and feelings of estrangement as prominent social-relational concerns (Çankaya, Alan Dikmen, & Dereli Yılmaz, 2018; Stevens, 2016; Washington & Rowell, 2013; Wells et al., 2016). Among

[1] *Social ties* refers to connections and contact with other people. *Social support* refers to functions performed for the individual by others including informational, instrumental and emotional support. *Social integration* refers to ties to groups (Thoits, 2011). *Social networks* refer to size, type and frequency of contact with others.

resettled refugee communities, such social-relational problems have been found to contribute to mental health problems (Chen, Hall, Ling, & Renzaho, 2017; Gorst-Unsworth & Goldenberg, 1998; Hynie, 2018).

In the last 2 decades, the international community has increasingly acknowledged the mental health and psychosocial consequences of violence on individuals, families, and communities. A number of studies conducted with war and violence-affected communities across the migration continuum have identified a favorable role for social resources in coping with stress, including the presence of social support from the family and ethnic community (Hobfoll, Mancini, Hall, Canetti, & Bonanno, 2011; Schweitzer, Melville, Steel, & Lacherez, 2006). While much of this research has focused on refugees in contexts of resettlement, such research has informed global priorities for refugees in humanitarian contexts as well. There is a growing emphasis on the role of social resources in combating stress and trauma post-conflict, including the role of social support and sustained attachments to loved ones and social groups. These priorities are reflected in key frameworks for mental health and psychosocial programming in humanitarian settings (Inter-Agency Standing Committee [IASC], 2006). Yet, many questions remain about how to effectively foster social resources among conflict-affected communities.

Group-Based Treatment

Group-based treatment has been described as a promising way to rebuild social resources. In group-based therapy, for example, the theory of change emphasizes group relationships and interpersonal learning opportunities as key therapeutic factors affecting positive outcomes including mental health and interpersonal problems (Burlingame, McClendon, & Yang, 2018; Yalom & Leszcz, 2005). Such experiences are conceived to result in the development of new relationships, reducing social isolation and strengthening social connections (Bunn et al., 2016;

Kira et al., 2012). However, there has been limited research focused on group-based interventions (Bass et al., 2013), and even less which has focused on refugees in humanitarian contexts. Particular gaps also exist around understanding the underlying group processes and how such processes may be linked to the development of social resources (Bunn et al., 2016). These gaps were identified from a review that I led focused on the literature on group-based treatment for survivors of torture, war and severe violence (Bunn et al., 2016).

Working with the Center for Victims of Torture (CVT) in Jordan, this dissertation study contributes empirical perspectives to the field of refugee mental health by addressing these gaps and exploring social-relational losses that result from war, political terror and forced migration among Syrian refugees in Jordan. A central goal of the study is also to examine whether social connection and cohesion might be conduits to healing in group-based interventions. In addition to the more commonly-studied psychiatric outcomes of treatment, the study investigates how group-based treatment may contribute to the development of social and community resources for group members. The study is expected to generate new ideas and hypotheses for further investigation relative to the impact of war and exile on social resources and the role of relationships in healing.

Theoretical Framework

The primary framework for the overall study draws on socio-ecological models of refugee mental health referenced above. This study particularly draws on two such models: the *ecological model of refugee distress,* often referred to as *the daily stressors model* (Miller & Rasmussen, 2010, 2017) and the *Adaptation and Development After Persecution and Trauma Model* (ADAPT; Silove, 2013). Both frameworks derive from ecological systems theory, and are therefore multi-level in nature and emphasize the interactive nature of development and human

experience (Bronfenbrenner, 1979). In addition to the significant effects of war exposure, the daily stressors model emphasizes the ways in which experiences of ongoing adversity and stressors in the displacement context contribute to mental health and psychosocial problems. Daily stressors can include social isolation, loss of traditional support, discrimination, poverty, and so on.

Also based on a dynamic, ecological perspective, the ADAPT model identifies five core pillars which are affected by war and forced migration including: (a) safety, (b) interpersonal bonds and networks, (c) justice, (d) roles and identities, and (e) existential meaning. Similar to the daily stressors model, such pillars are intended to highlight the complex consequences of war and forced migration; interventions which address any one of the five pillars are conceived to have the potential to improve mental health and well-being.

These social-ecological frameworks offered several advantages for this study. First, they provide a basis for attending to the social-relational dimensions as a critical component of an overall conceptualization of refugee mental health. Second, such frameworks highlight experiences during war and the context of forced migration as important for understanding the origin of such problems. Third, social-ecological models emphasize the role of interventions in creating supportive social environments and restoring pillars disrupted by experiences. Such a perspective was well-suited to my investigation into group-based treatment.

Drawing on these particular social-ecological frameworks, in paper one I sought to hone in on social-relational losses that result from war, political terror, and forced migration among Syrian refugees in Jordan. While there are many social-relational losses inherent in the refugee experience, this study focused on ambiguous loss, as defined by Boss (2006). Ambiguous loss is a family systems theory that was developed to theorize losses which are partial in nature and

which lack clear boundaries, limited social acknowledgement, or rituals to mourn (Boss, 2006). The theory was used, in combination with social-ecological frameworks, to provide a basis for further conceptualization of the data. The combination of these two perspectives provides for a robust understanding of the social-relational losses of war and forced migration that is multi-level and multi-dimensional.

If war and forced migration result in losses to social-relational resources, might a group-based intervention hold promise to restore social resources? This is the question that guided paper two. Group theory and the foundational construct of *group cohesion* framed the overall study, including investigation into group relationships as a key therapeutic factor (Yalom & Leszcz, 2005). Group theory per Yalom (2005) marks the context of group relationships and interpersonal learning opportunities as the key therapeutic factors affecting positive outcomes (Yalom & Leszcz, 2005). *Group cohesion* is one such therapeutic factor and is the relationship construct used to refer to the nature and quality of relationships between participants and provider and among group participants (Burlingame, Fuhriman, & Johnson, 2001; Yalom & Leszcz, 2005). Paper two used group cohesion to guide investigation into the nature and quality of relationships between group members as well as group processes that facilitate the development of relationships. Group theory identifies cohesion as a principle therapeutic factor that is linked to change (Yalom & Leszcz, 2005). Drawing on such theory, this study investigated whether and how group relationships might contribute to the development of social resources for group members.

Research Paradigm

Denzin and Lincoln (2011) defined the practice of qualitative research as comprised of several different phases, beginning with the researcher and the ways in which their history and

background inherently inform the study. While the findings from the aforementioned literature review provided an important impetus for the dissertation, this study was also shaped by my practice experience, including 15 years of licensed clinical practice developing and delivering mental health and psychosocial services to survivors of torture, war, and violence exiled in the U.S. and in post-conflict, post-genocidal, and humanitarian settings. My extensive applied experience was brought to bear in this study, providing me with insight into the multi-faceted consequences of the trauma of war and forced migration and serving as a strong foundation for this study.

The study was also shaped by my particular practice philosophy, one rooted in a social work orientation, multicultural perspective, and relational theories of trauma. My social work orientation lent itself toward a systemic view of the person and their environment, naturally drawing my attention to social-relational resources as central to human development and well-being (Bunn & Marsh, 2019). Important to this study, I also received extensive training in a multicultural orientation to work with culturally-diverse communities. Such an approach emphasizes the ways in which culture fundamentally shapes all facets of human experiences (Aroche & Coello, 2004; Kirmayer, 2007; Kleinman, 1988). In clinical work, I was trained to attend to diverse systems of meaning—shaped by history, spiritual traditions, and socio-political realities—and distinctive ways of being in world. Lastly, my clinical approach is deeply informed by contemporary relational theories and models of trauma recovery. Such theories emphasize the inherently relational dimensions of the self, development, trauma experiences, and approaches to healing (Herman, 1997; Jordan, Walker, & Hartling, 2004).

In addition to my own experiences and conceptions, this study was based on a social constructivist paradigm that emphasizes the subjective nature of knowledge, rooted in

experiences and context (Creswell, 2013). Such a philosophy was considered essential for understanding the particular experiences of Syrian refugees and meanings that they attributed to their life experiences. As is described in each of the subsequent papers, I used a generic qualitative research approach, referred to variously as a generalist or interpretive approach, to describe and interpret the experiences of Syrian refugees (Kahlke, 2014; Patton, 2015). Such an approach aims to understand how people interpret and make meaning from experiences. As is described, data were collected via semi-structured interviews and the study utilized qualitative common across qualitative approaches (e.g., sought emic perspectives, used inductive processes and engaged in strategies of reflecting, classifying, and theming data; Merriam & Grenier, 2019). Thematic analysis was used to identify repeated patterns across the interviews and I used the analytic technique of a sensitizing concept, a technique from the Grounded Theory Method, to further analyze and advance conceptual understanding of the data (Bowen, 2006; Patton, 2015). As I describe in the papers, I used several strategies to ensure that the study was rigorous and systematic, including immersion in the study context, forms of triangulation, memoing, and debriefing (Padgett, 2017).

Development of Research Partnership

To conduct the study, I developed a research partnership with the Center for Victims of Torture in Jordan (CVT). I identified CVT as a partner for this project because of their strong reputation and familiarity with their group model and work in Jordan. CVT is a U.S.-based organization that has provided specialized, integrated mental health services for survivors of torture in the United States since 1985, as well as to survivors of conflict, war, and torture in Africa and the Middle East for over 15 years. Described in detail in the subsequent papers, CVT's treatment model in Jordan includes an interdisciplinary model of service provision. This

includes a 10-week group counseling and group physiotherapy intervention, with individual social services provided as needed (CVT, 2016).

Relationship building was an important part of the study development and the planning evolved over the course of approximately 2 years (see Figure 1). I had worked with CVT many times throughout my professional career and had a working relationship with staff at their headquarters office. Important for the context of this study, I served as a reviewer of the CVT group treatment manual prior to dissemination. In addition, colleagues at CVT co-authored the review article summarizing the state of group treatment interventions for survivors of war, torture, and severe violence (Bunn et al., 2016). While these past professional experiences set the stage for the study partnership, several additional steps and processes were undertaken to facilitate trust and a working relationship.

I first contacted CVT in January 2016 to discuss the study ideas and submitted a concept note that was reviewed by the research department at CVT. Following provisional approval, I was invited to deliver an initial presentation to staff in the Division of International Services at their headquarters office in Minneapolis, outlining the study foci. In addition, I visited the program in Jordan to meet with staff, learn about the program, and explore the research collaboration. These trips were important for learning and developing rapport with new colleagues in Jordan and Minneapolis. During the visit to Jordan, I met with staff across the organization and conducted initial interviews with 20 psychosocial counseling and physiotherapy providers in Jordan to gather ideas about the main study concepts and the study topic broadly, as well as to capture ideas and experiences. Initial interviews were also conducted with key informants working at universities and local and international organizations to better understand the Jordanian context and to explore the situation of Syrian refugees in Jordan. During the

planning phase, I also conducted site visits at many organizations serving Syrian refugees in Amman, Jordan to learn about their work and the issues facing Syrian refugees. Insights and observations gathered from these interviews and visits informed the overall design and approach.

During the course of this planning process, a research advisory committee comprised of CVT staff from technical and research departments from the headquarters office and Jordan program was constituted to oversee all study activities. Following planning visits to Jordan, I submitted a detailed research proposal and scope of work to this committee for review and comments. In addition to outlining all details of the study, this summary stipulated norms and expectations for ongoing communications relative to the study. A Memorandum of Understanding (MOU) outlining terms of the agreement was signed by both parties in October 2017.

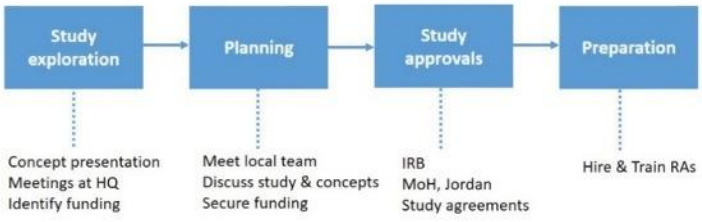

Figure 1. Study planning process.

Research Team

As described in each of the subsequent papers, to conduct the study, the principal investigator (MB) established a research team in Jordan that included five bilingual English-Arabic speaking research assistants. In addition to my own extensive experience, team members had insider knowledge and experience relative to the Arabic language and Syrian dialects, lived experience as refugees, and insider knowledge of Syrian and Jordanian culture. I viewed these diverse forms of knowledge and experience as complimentary and essential to the study.

Over the course of the study, team members were involved in interviewing, coding, translating, transcribing, and debriefing. Ongoing one-on-one meetings, team meetings, and cultural outings were conducted throughout the study to enhance relationships between team members, and were viewed as important for productive work. Furthermore, shared experiences within the team were viewed as another aspect of immersion in the study context, enriching understanding and providing an important context for reflection (Padgett, 2017). Observations about the study, ideas, and interpretations were shared in real time and through organized debriefing sessions, where team members were invited to provide feedback (Creswell & Miller, 2000).

Research Design

The dissertation study represented the first part of a multi-phase, mixed-methods study that explores concepts of social connection and social resources among Syrian refugees and is intended to lead to the development of measures and evaluation of the intervention (see Figure 2). The data collected for the first phase of the study included semi-structured interviews with Syrian urban refugees in Jordan (n = 31), treatment providers (n = 17), and survey data consisting of demographic and health information on the Syrian refugees who participated in the interviews.

The papers that comprise this dissertation derive from data collected through semi-structured interviews with Syrian refugees (n = 31). These interviews explored two main areas: (a) social-relational losses that result from war and forced migration; and (b) the social-relational processes and experiences in the group treatment. This latter includes the nature and quality of relationships that develop in group-based interdisciplinary intervention and underlying group processes that facilitate relationships. This also includes the ways in which group-based

treatment may contribute to the development of social and community resources for group members.

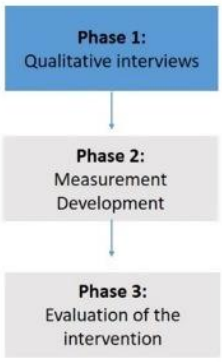

Figure 2. Overall study design.

Organization of the Dissertation

The dissertation is organized using a two-paper format, with each paper focused on one of the main areas of inquiry described above. This dissertation concludes with a discussion of implications for practice, research, and policy.

In the first paper, *Ambiguous losses: The social-relational and place-based consequences of war and forced migration,* I examine the social lives of Syrian refugees in Jordan and losses resulting from war and forced migration using a lens of ambiguous loss. I discuss four primary categories: *loss of security, loss of cultural roles and identities, loss of cultural values and practices* and *loss of social spaces*. Each of these categories represent ambiguous, social-relational losses which are multi-dimensional in nature and result from experiences under authoritarian rule, escalation of violence and surveillance during the war, leaving one's country, and conditions of displacement. I argue that the findings have implications for the field of refugee mental health, including the need to attend to a more comprehensive array of traumas in an effort to support and reduce suffering.

In the second paper, *Relational processes and experiences in group-based treatment for Syrian refugees in Jordan,* I shift the focus to the CVT group-based intervention and examine social-relational experiences in the groups and how group relationships affect social relationships beyond the intervention. From the analysis, it was found that close, caring relationships emerged in the group. These were facilitated by two primary group processes: *sharing problems eases pain* and *recreating social spaces*. Both group processes were imbued with cultural meaning and the group relationships functioned as an important lever for other therapeutic benefits, especially gaining a sense of hope and meaning and strengthening family relationships. In addition to these two key processes, the analysis revealed a third theme, *wish the groups continue,* that captures the value and importance participants ascribed to the group, as well as the way the group was internalized and missed in a an ongoing way for study participants.

In the second part of this paper, I look specifically at the ways in which study participants connected experiences in the groups to social resources outside the groups, particularly intimate ties to family. I discuss two primary processes that were derived from the data: recapturing a sense of hope and navigating changes in family roles. I situate these findings within the broader refugee mental health literature, drawing attention to the ways such findings underscore the role of group process in interventions. Such findings also highlight the need for additional research focused on the nature of the client-provider relationship to provide a more comprehensive understanding of underlying relational processes.

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Chapter 2: Ambiguous Losses: Syrian Refugees in Jordan and the Social-Relational and Place-Based Consequences of War and Displacement

بدي أرجع بيتي، مع إنه ما فيه بيت

I want to go back home, although there is no home anymore.

—Farah, Syrian refugee

Introduction

The Syrian war has been described as the worst humanitarian crisis in modern history (Hassan, Ventevogel, Jefee-Bahloul, Barkil-Oteo, & Kirmayer, 2016). More than half a million people have lost their lives in the conflict and approximately 12 million Syrians are internally displaced or have been forced to seek safety in other countries (UNHCR, 2019). The majority of Syrian refugees are living in low- and middle-income countries in the Middle East. This includes more than 600,000 Syrian refugees who are registered in Jordan (UNHCR, 2019), 83% of whom are living in urban areas (UNHCR, 2019).

To date, a major focus of mental health research with refugees has been on psychological problems that result from pre-migration experiences of war-related trauma and violence (Miller & Rasmussen, 2010; Silove, Ventevogel, & Rees, 2017). This research has focused on how such experiences result in the development of mental health problems, particularly PTSD and depression (Miller & Rasmussen, 2017). Consistent with general research in the field, recent reviews have indicated that the most prominent symptoms of emotional distress among Syrian refugees include depression, PTSD, and to a lesser extent, prolonged grief (Hassan et al., 2015; Hassan et al., 2016). While this research has made a significant contribution to the field, there is also a need for research that goes beyond such individual paradigms, and focuses on war and forced migration as an inherently social-relational phenomenon with primary consequences to relationships and community ties (De Haene, Rousseau, Kevers, Deruddere, & Rober, 2018).

To that end, the current study focused on Syrian urban refugees in Jordan and examined losses to social-relational resources that result from war and forced migration. *Social-relational resources*[2] is an umbrella term for the nature and quality of social ties, social support, social networks, and social integration (Hall et al., 2014). While there are many different types of losses inherent in the refugee experience, this study used the theory of ambiguous loss to examine social-relational losses which are indeterminate, partial in nature, lack clear boundaries, and receive limited social acknowledgement (Boss, 2006). Furthermore, the study drew on social-ecological frameworks to consider such losses at multiple levels (individual, family, and community) while also viewing them as resulting from war-related experiences and stressors inherent in forced migration (Miller & Rasmussen, 2017; Silove, 2013). This study sought to increase understanding of the social-relational losses particular to Syrian refugees in ways that can generate new ideas and hypotheses for further investigation and future research.

Social-Relational Losses

Experiences of war and forced migration result in a complex picture of psychological, health, and social vulnerabilities, among many others. Research conducted on the health status of refugee communities consistently has found disproportionately high rates of health concerns and common and chronic diseases (Eytan, Guthmiller, Durieux-Paillard, Loutan, & Gex-Fabry, 2011; Murray, King, Lopez, Tomijima, & Krug, 2002). Significant research has focused on understanding how exposure to horrific trauma during war predict a range of mental health problems, particularly PTSD, depression, and anxiety (Fazel, Wheeler, & Danesh, 2005; Siriwardhana, Ali, Roberts, & Stewart, 2014). This study, however, focused on the social domain

[2] *Social ties* refers to connections and contact with other people. *Social support* refers to functions performed for the individual by others including informational, instrumental and emotional support. *Social integration* refers to ties to groups (Thoits, 2011). *Social networks* refer to size, type and frequency of contact with others.

and specifically examined losses to social-relational resources that result from war and forced migration. Drawing on social-ecological frameworks, particularly the *ecological model of refugee distress* (Miller & Rasmussen, 2010, 2017) and the *Adaptation and Development After Persecution and Trauma Model* (ADAPT; Silove, 2013), such losses are imagined to be multi-level (individual, family, and community) and seen as resulting from experiences during the war as well as the stressful conditions of displacement.

Prior to the current refugee crisis, Syrians existed under 40 years of repressive authoritarian rule. This included the widespread use of surveillance, paid informants, intimidation, detention, and routine torture. When the nonviolent movement for political freedom began in 2011, the Syrian regime utilized brutal tactics to stifle political expression, including raids of civilian homes, summary executions, an extensive network of government checkpoints, and routine killing of nonviolent protestors (Pearlman, 2017). As the revolution devolved into a multi-actor war, such tactics continue to be utilized, especially by the Assad regime.

Powerful regimes, such as the government in Syria, utilize these methods to maintain power and control and stifle efforts to organize and challenge their power (Joyce, Bunn, & Engstrom, 2012). In addition to the apparent risks to physical health and safety, living under such conditions breeds fear and mistrust and can have a deeply polluting effect on intimate ties, community relationships, and the broader social fabric (Eagle & Kaminer, 2013).

Forced migration often contributes to new social-relational losses by separating families, changing family roles, and disrupting connection to community. As indicated in recent research with Syrian refugees, support structures can disappear or become less effective and result in a sense of isolation and estrangement (Hassan et al., 2015; Hassan et al., 2016; Wells, Steel, Abo-Hilal, Hassan, & Lawsin, 2016). Separation from primary relationships may be particularly

challenging for cultural groups that understand identity in relation to the social world and environment (Kirmayer, 2007). Syrian identity has been described as both sociocentric and cosmocentric—each individual is seen as linked to others and created in the image of God (Al-Krenawi & Graham, 2000, 2003; Dwairy & Van Sickle, 1996; Fakhr El-Islam, 2008; Hassan et al., 2016; Keshavarzi & Haque, 2013). These ideas are embedded in Islam, with its strong emphasis on community, roles, and obligations (Hassan et al., 2016). Family relationships are foundational in the Syrian cultural context and viewed as the primary source of economic, social, and emotional support (Al-Krenawi & Graham, 2000, 2003); therefore, it is no surprise that research on Syrian refugees in Jordan has identified concerns about the safety and well-being of family members as a major source of distress (Hassan et al., 2016).

Ambiguous Loss

While there are many different types of social-relational losses inherent to the refugee experience, this study used the term *ambiguous loss* to describe losses which are partial in nature—for which there are no clear boundaries, limited social acknowledgement, or rituals through which to mourn (Boss, 2006). A theory of ambiguous loss was originally developed to describe grief and trauma experiences within family systems, such as the impacts of active military duty, children with chronic illness, substance use, and severe and persistent mental illness (Boss, 2016). The "ambiguous" quality stems from family members being partially present and partially absent. Boss (2006) referred to this as "there, but not there" (p. 105). By their very nature, ambiguous losses often defy resolution and may continue to exist for years, or even a lifetime (Boss, 2016; Perez, 2016). These types of open-ended circumstances complicate coping and grieving processes and can result in a sense of hopelessness, confusion, and distress.

Boss (2007) articulated several different types of ambiguous loss. What is called a type I ambiguous loss is physical; the family member is physically absent but remains psychologically present. Such situations are common among military families, families of the disappeared, and families fleeing war. Even in cases where a loved one may be presumed to have died, families often lack clarity about the status of their family member and remain fixed in a prolonged state of unknowing. What is called a type II ambiguous loss is psychological; the family member is physically present though psychologically and emotionally absent (Boss, 2002). This may be the case in families experiencing substance use or mental illness. Many families face what is referred to as a crossover loss— the physical and psychological losses compounding one another. It is the juxtaposition of a loved one as present or absent which creates distress (Boss, 2016).

For refugees, traumas such as these are often so encompassing and overwhelming, and so many others are experiencing them, that the losses come to seem boundless, and there are no social acknowledgements or rituals through which to mourn separations from family members and the loss of attachments and cultural embeddedness. Refugees, therefore, experience chronic uncertainty—will they return home? If so, when? Who will be in the community then? Will it be the home they remember? As Utržan and Northwood (2017) wrote, "The ambiguity about one's safety makes the category of physical absence versus presence a much more lived existential question" (p. 8). While refugees may be physically safer, the lingering effects of political terror and war may manifest at the psychological and relational level. This includes a rupture in fundamental trust in others and the loss of a meaningful and coherent world (Gorst-Unsworth, Van Velsen, & Turner, 1993; Mollica, 2008; Silove, 2013). Separation from family members involves painful ruptures in meaningful relationships and loss of roles that were inherent in their sociocentric notion of self and identity—e.g., as a caregiver to aging parents, provider, and

protector for the family. Through the lens of ambiguous loss, symptoms and distress are not tied to particular events, but rather inevitable outcomes associated with the chronic stress of living with such all-encompassing uncertainly (Boss, 2004).

Ambiguous losses for refugees extend beyond the absence of places or people left behind and include future dreams for their life. The displacement context generates powerful, ongoing psychosocial stressors ("daily stressors") in the form of unemployment, poverty, loss of material resources, and so on. Such conditions often require refugees and their families to shift family roles in order to adapt to dire circumstances, and these adaptations unsettle how they would have anticipated their life trajectory. For example, because Syrian refugees have limited access to work permits and insecure housing (paying rent has been identified as a pressing "environmental" concern [Wells et al., 2016]), children often leave school to enter the informal labor market to help support their family (Sirin & Rogers-Sirin, 2015). This unsettles the family's previous sense of the child's future and complicates the parental role as provider and protector. Likewise, Syrian refugee women, especially widowed mothers who experience new pressures to provide economically for their family, often enter the labor market for the first time (Hassan et al., 2015). Though some women may associate this with a sense of empowerment, such changes may be in tension with traditional cultural values and roles and become a source of family conflict (Harvey, Garwood, & El-Masri, 2013).

To date, only a small number of studies have investigated experiences of ambiguous loss among immigrant and refugee families in the United States who are separated from family (Falicov, 2007; Luster, Qin, Bates, Johnson, & Rana, 2008, 2009; Nava, 2017; Rousseau, Rufagari, Bagilishya, & Measham, 2004; Solheim, Zaid, & Ballard, 2016). Yet, the quality of "there, but not there" goes beyond refugees' family systems, and can help illustrate other

dimensions of social-relational losses. Samuels (2009), for example, extended the theory to conceptualize *ambiguous loss of home* among foster youth coping with moving from their home (even if the home has been determined to be unsafe)—at once grieving for what had been and striving to create a sense of permanence for themselves. Perez (2016) also used ambiguous loss to understand how Cuban exiles dealt with the loss of home while trying to keep it present psychologically.

As the Perez (2016) example makes clear, *home* is a social-relational experience, intertwined with culture, a sense of place, definitions and expectations surrounding the self, and roles and relationships (Kemp, 2010; Sousa, Kemp, & El-Zuhairi, 2014; Stamm, Stamm, Hudnall, & Higson-Smith, 2004). Uprooting from home, therefore, is not simply physical separation, but also losses that are cultural, religious, social, and identity-based. Ambiguous losses of this type are inherently entwined with other traumas addressed in the refugee mental health literature, such as the trauma of war, death of loved ones, witnessing violence, experiencing violence, or rape. Investigation into the role of such experiences in refugees' lives are all critical areas of research. Ambiguous loss, however, offers a way to highlight the less visible, continuous, social-relational losses that warrant consideration. This is important because such losses are endemic to refugees' experiences, yet are frequently overlooked in research, practice, and policy. Thus, specific to the experience of Syrian urban refugees in Jordan, this paper asks the following questions: (a) What are the ambiguous social-relational losses that result from war and forced migration; (b) How do such losses manifest at multiple levels of the environment (individual, family, community, and society); and (c) How do pre-migration experiences of war and political terror and the context of displacement contribute to such losses?

Research Partner and Intervention Model

To conduct the study, the researcher partnered with the Center for Victims of Torture (CVT) in Jordan. CVT is an international non-governmental organization specializing in integrated mental health care for survivors of torture and war, and began work with Syrian urban refugees in Jordan in 2008. To prepare for this study, the researcher engaged in an approximately 2-year planning process with CVT that included ongoing consultation and planning visits to assess feasibility and acceptability of the study. During the planning phase, the researcher conducted 20 initial interviews with CVT providers and 8 key informants to explore the situation of Syrian refugees in Jordan, assess the study topic broadly, and capture ideas and experiences. The researcher also conducted several visits to organizations serving Syrian refugees in Amman, Jordan. Observations and insights from the planning phase were used to inform the study design, including the development of the interview guide.

In Jordan and across CVT's international programs, CVT uses an interdisciplinary group model that includes a 10-week group counseling and 10-week group physiotherapy intervention and individual social services as needed. The group counseling intervention draws on phase-based principles of trauma treatment (Herman, 1992). This means that it moves from an initial focus on safety to narrating or remembrance of an aspect of the trauma experience, and subsequently to reconnection which focuses on consolidation of skills and experiences (CVT, 2016; Kastrup, 2016). The intervention emphasizes relational principles of treatment and incorporates techniques from cognitive behavioral therapy, narrative exposure, and sensorimotor psychotherapy (CVT, 2016). The physiotherapy intervention draws on cognitive behavioral and exposure techniques, but with a focus on physical issues and chronic pain and seeking to improve mind-body awareness (CVT, 2016; de Ruiter, Gamble, Gueron, Kibet, & O'Reily,

2017). The group interventions are manualized and were developed by staff at CVT for work in humanitarian contexts.

In Jordan, eligibility for services is restricted to individuals who have experienced war trauma or torture and are experiencing functional impairment as a result. CVT operates a clinic in the capital, Amman, and in the nearby city of Zarqa. The groups are facilitated in Arabic by psychosocial counselors (PSC) and physiotherapists (PT) who receive ongoing clinical supervision from senior trainers. All providers have a bachelor's degree, and many have an advanced degree.

Design and Methods

This study is based on a social constructivist paradigm that emphasizes the subjective nature of knowledge, rooted in experiences and context (Creswell, 2013). It uses a generalist qualitative approach, relying on inductive ways of engaging data to understand how people interpret and make meaning from experiences (Kahlke, 2014; Merriam & Grenier, 2019). Such methods allowed the first-person experiences of Syrian men and women to open up regarding the nature of their social-relational losses. Given the decades of authoritarian rule that may have stifled such expression prior to the war, their willingness to analyze their social conditions is significant (Pearlman, 2016).

The data used for this analysis are derived from a qualitative study of 31 Syrian urban refugees who participated in services at the CVT in Jordan. This study was not designed to evaluate CVT services; rather, it focused on understanding social-relational losses that result from war and displacement. These interviews are part of a larger study that explored the ways that war and forced migration shaped social resources and the role of social connection in rehabilitation among Syrian refugees in Jordan. The data for the overall study included semi-

structured interviews with Syrian urban refugees (n = 31), treatment providers (n = 17), and survey data consisting of demographic and health information on the Syrian refugees who participated in the interviews.

For this paper, a multiphase approach to analysis was employed, beginning with thematic analysis and moving toward a more conceptual understanding of the data, employing ambiguous loss as a sensitizing concept (Braun & Clarke, 2006). A sensitizing concept is an analytic technique drawn from the Grounded Theory method. In this study, it was used as an interpretive device to examine codes and move toward a conceptual understanding of the data through the lens of ambiguous loss (Bowen, 2006). In the following sections, background details about the study partnership and research team are provided, as well as procedures used for recruitment, data collection, and analysis.

Study Location

The study was conducted in Jordan and all data collection occurred at the CVT clinics in Amman and Zarqa.

Research Team

The principal investigator (MB) has extensive practice experience working with survivors of war and political violence, including 15 years of licensed clinical practice developing and delivering clinical services to individuals, families, and groups. Much of that experience has been concentrated in the Middle East where I began working in 2006, including work with Syrian refugees in Jordan beginning in 2012. Through these experiences, I had gained familiarity working in an Arab cultural context and was attuned to cultural norms and practices. These experiences were brought to bear in the research process, informing how I conceptualized the study, approached the study process, and interacted with study partners and research participants.

The decision to focus on social-relational losses of war and forced migration was influenced by my ongoing work with survivors of war, torture, and severe violence, as well as past research and my training in social work.

However, as a white, American woman I was also aware of the limitations of my understanding and perspective, especially relative to the culturally-specific experiences of Syrian refugees. Arabic-English speaking research assistants were recruited to conduct interviews with Syrian men and women and then transcribe and translate the interview data to minimize issues of mistranslation and misrepresentation (Applied Mental Health Research Group, 2013; Squires, 2009). Research assistants were Syrian, Palestinian, Jordanian, and Lebanese-American. The team brought insider knowledge and experience relative to the refugee experience; Arab, Syrian, and Jordanian culture; and Arabic language and dialects. Such knowledge and perspectives were complimentary and essential to the primary areas of inquiry and the inclusion of insider cultural perspectives contributes to the study's overall rigor (Padgett, 2017). Furthermore, the team provided an important context for reflexivity, ongoing feedback, and debriefing around emergent themes and findings (Padgett, 2017).

Prior to beginning work on the study, all research assistants received training from MB. Weekly meetings were conducted throughout the study. All research assistants completed the National Institutes of Health online training, *Protecting Human Research Participants*.

Recruitment

Potential study participants were identified by the organization. While the study was interested to understand the social-relational losses resulting from war and forced migration, particular criteria for recruiting participants were determined in consultation with the partner organization. Eligibility was restricted to adults aged 21 years and older who had already

participated in CVT services and had completed a 3-month follow-up assessment. Given the overriding goal of protecting client confidentiality and maximizing client self-determination, eligibility was limited to participants who expressed interest in participating in research during routine assessment and follow-up interviews conducted by staff at the organization. Exclusion from the study applied to minor-age clients and those identified by the staff at CVT to be high risk, including those who expressed suicidal ideation at intake or follow-up. We used a purposeful sampling approach to identify a demographically varied sample according to gender, age, and clinic location (Patton, 2015). Prospective participants were contacted by the research assistant and invited to participate in an interview. Study participants were reimbursed for the cost of transportation to the interview and received a grocery store voucher equal in value to $15.

Study Participants

As described in Table 2, the study sample included 18 women (58%) and 13 men (42%). Study participants ranged from 22 to 64 years of age, though most were between the ages of 34 and 57 (n = 20). The majority of the sample were married (74%), followed by widowed (13%) and single or separated (13%). Among widowed study participants, the majority were women (n = 6). All study participants identified as Muslim and were living with family members in Jordan at the time of the interview, though in all cases participants described being separated from important family members who remained in Syria or were displaced in other countries in the Middle East. Some study participants had family members who had been resettled to Europe or the U.S. (n = 5). At the time of data collection, study participants had been in Jordan between 3 and 7 years, arriving between 2011 and 2015. Participants came from a number of different cities and regions in Syria, including Homs, Daraa, Ghouta, Alleppo, and Damascus.

Though trauma experiences during the war was not the primary focus of interviews, many study participants described multiple types of war trauma during their interviews, including the death of loved ones, arrest and detention, experiencing bombing and shelling, physical injury, internal displacement, disappearance of loved ones, torture of family members, beating, kidnapping, and personal experiences of torture. Study participants also described a range of current problems, including bodily and physical health problems, economic problems and problems pertaining to refugee aid, emotional and psychological problems, housing and employment problems, and justice-related concerns.

Table 2

Characteristics of the Study Sample

Gender		
	Male	13
	Female	18
Age		
	20-30	2
	30-40	12
	40-50	6
	50-60	7
	60+	4
Marital Status		
	Married	21
	Widow	7
	Separate**d**	1
	Single	2
Clinic Location		
	Zarqa	16
	Amman	15

Interview Protocol

A semi-structured interview guide included open-ended questions with various possible probes to elicit descriptions of Syrian men and women's experiences in their own words (see exemplar questions in Table 3). Participants were invited to talk about the nature of their current relationships and views on how war and migration shaped their relationships. Participants were also invited to talk about what they missed about their social relationships and hoped for in the future. Probes and follow-up questions were used as the interview progressed to assess particular domains of social relationships, including within the family, community, and broader society. Prior to data collection, the interview guide was reviewed by multiple researchers and pilot tested with four Syrian refugees (one man and three women) to assess timing, language, meaning, and cultural acceptability (Squires, 2009).

Table 3

Sample Interview Questions

Who are the important people in your life now?
How have social relationships been affected by the war? By coming to Jordan?
What parts of their relationships do you think that people in your community miss the most?
What do people in your community hope for their relationships now?

Data Collection

Interviews were conducted in Arabic by bilingual research assistants and took place at CVT clinic locations in Amman and Zarqa. Interviews were 60-90 minutes in duration. All study materials, including the interview guide, recruitment scripts, consent scripts, and forms, were prepared in English by the researcher and then translated into Arabic for use with research participants using a consensual method of translation (Epstein, Santo, & Guillemin, 2015; Sumathipala & Murray, 2000). While conducting interviews, research assistants prepared a

written and audio summary of each interview. The summaries were read and listened to by MB and discussed each week during research team meetings. Following each team meeting, MB prepared a memo capturing ideas, themes, and questions.

Study Approvals

Institutional Review Board (IRB) approval was obtained from the University of Chicago IRB. The study protocol was also reviewed by the Ministry of Health in Amman, Jordan and determined not to need formal approval. The study protocol was also reviewed and approved by a research advisory committee at the partner organization.

Data Analysis

The analysis process was iterative and multi-phase. Formal analysis began with transcription and translation of the interviews. The interviews were conducted and digitally audio-recorded in Arabic. All interviews were transcribed into Standard Amiyah Arabic and Syrian Amiyah dialects and translated into English by members of the research team. This process involved three research assistants and MB working closely for several months, including reading English transcriptions multiple times. Words or phrases that were difficult to translate due to different dialects or challenges conveying meaning across languages were flagged inside the interviews and resolved through discussion between the MB and team members. A term base was created to record all phrases and vocabulary that required discussion and details as to how the issue was resolved.

The next phase of analysis focused on the development of a codebook and first-cycle coding of the data (Saldaña, 2015). Using a sample set of transcripts, the initial codebook was developed deductively from the interview guide and also identified inductively through the reading of the transcripts, allowing the themes to emerge from the data (Saldaña, 2015). One of

the research assistants (AH) who conducted the interviews also participated in this process and made additions and edits to the codebook. This generated a list of descriptive codes (e.g., relationships in Syria and social losses of war and displacement); sub codes (e.g., effect of government on relationships and traditional values regarding family); and in-vivo codes (e.g., fear and mistrust). All interviews were uploaded to Dedoose, an online qualitative and mixed-methods data analysis application. Initially, the same 6 transcripts were coded by MB and AH and we met to review, discuss, and resolve coding discrepancies (Saldaña, 2015). The remaining transcripts were assigned on a weekly basis. At least 2 transcripts were co-coded each week and MB reviewed all coding and areas of discrepancy or difference were highlighted and discussed in a weekly meeting. Simultaneous to this process, MB created matrices for each interview to summarize key aspects of social-relational losses observed in the data and provide a visual reading of the data. Code mapping was used as a transitional step to analyze and consolidate codes into themes that related to social-relational losses (Saldaña, 2015). Given that there had been limited previous research, the focus of the initial analysis was to provide a comprehensive picture relative to the different types of social relational losses. Initial themes included primary categories (i.e., roles, networks, and spaces), each with several sub codes (i.e., gender roles and parent-child) that represented the data.

Initial presentation of themes allowed for reflection and discussion relative to the initial findings and related excerpts. Though this process, ambiguous loss was identified as an emergent framework, useful for further analysis for certain losses identified (Boss, 2006). Subsequent analyses employed ambiguous loss as a sensitizing concept for further analysis and interpretation of the findings. A sensitizing concept is an analytic technique from the grounded theory method used to move toward an increasingly conceptual understanding of the data. To paraphrase Bowen

(2006), sensitizing concepts offers a way of seeing, organizing, and understanding experiences, including how "observed phenomenon may fit within existing conceptual categories" (p. 20). While the initial analysis asked the following question: What are the different categories of social-relational losses? Analytic questions were refined at this stage to focus on social-relational losses through the lens of ambiguous loss. Analysis included going back to the initial codes to examine how Syrian men and women talked about loss, the meaning they attributed to such losses, and the extent to which descriptions were consistent with a conceptualization of ambiguous loss.

I read extensively into the literature on ambiguous loss to consider these questions in the context of the theory and its application. In addition to examining the coded excerpts in Dedoose, I went back to the printed transcripts to allow for more holistic reading of each interview. In addition to the micro context, I considered ambiguous losses at the meso- and macro level as well as the interaction between those levels. I used extensive memo writing to track patterns as well as reconsider themes and findings. This recursive process resulted in a set of four core aspects of ambiguous loss that are presented in this paper. They are used to extend use of ambiguous loss to refugees in the context of forced migration, including manifestations of ambiguous loss at the meso and macro level.

Several strategies were used ensure a rigorous and systematic analysis. As described, memoing was used throughout the study track ideas and reflect on emerging patterns, themes, and to hone findings (Padgett, 2017). To establish credibility, multiple coders were used and coding decisions were reviewed and discussed. Additionally, the researcher regularly met with members of the study team to review codes as well as discuss coding and emerging findings. One team member had conducted the interviews with Syrian refugees, and the second functioned

as a cultural consultant on the study due to lived experience as a Syrian refugee. Such debriefing approaches allowed for ongoing consideration and refinement of the findings (Padgett, 2017). Moreover, as described by Samuels (2009), this analysis draws on the literature on survivors of war and forced migration and ambiguous loss, thus providing a basis for considering the findings beyond this particular study sample.

Findings

Four core aspects of ambiguous social-relational losses were derived from the data. First, *loss of security* refers to the sense of persistent fear and mistrust. Second, *loss of cultural roles and identities* refers to losses (primarily) of family and gender roles. Third, *loss of cultural values and practices* refers to losses of the social fabric and sense of social connection. Lastly, *loss of social spaces* refers to losses of home and place, and the sense of self related to them. Each domain of ambiguous loss was multi-dimensional in nature and overlapped with one another in different ways. They demonstrate the results of living under authoritarian rule, the escalation of violence and surveillance during the war, leaving one's country, as well as the conditions of displacement. While each category is presented individually, all are interrelated. The findings are presented as an initial conceptualization of ambiguous social-relational losses of Syrian refugees in Jordan and thus are meant to serve as a starting point for further inquiry.

Loss of Security

Most men and women in the study described a tenuous sense of security, one marked by a persistent fear for their physical safety. This was the case for Lufti, a 40-year-old father who was in Jordan with his wife and children. He said:

> Usually Syrians know how to adapt to everything they face. Put him in the desert, in a valley or in the sea and he will survive but we have fear inside our hearts. Now, we go

> and walk as normal people but we are still afraid of something because if anything happens, they will put us in the camps or take us back to Syria. Fear is eating us from inside, you're always afraid from the situation you're living. As Syrians, we live with whatever circumstances we are in but what destroys us is fear.

Lufti's ongoing fear for his future represents a crossover loss because it has elements of both type I and type II ambiguous loss. In this excerpt, this use of life and death language helps to convey this juxtaposition—we look normal, but fear is eating us from the inside.

Among study participants, the consequences of persistent fear and insecurity went beyond the physical and psychological domains, and had social and cultural consequences. Duha, a 26-year-old mother, said:

> I don't trust anyone. Why? Because I'm scared. Even the stories of ISIS, I tell them with fear. I'm afraid to talk about what bothers me to someone who may manipulate the stories. I tell him and they tell them to someone else. Then, they will send us back with my kids. I worry about my kids, if they were sent there, they'd be killed. It's not safe there. That's why I don't like to talk to anyone at all. Instead, I like to keep it to myself, kids and husband. I always advise them, "If you ever hear that ISIS killed someone, never talk about it to anyone." Because we're afraid of being sent back where there's no safety.

Like many in the study, Duha's fear of informants is grounded in her experience living under authoritarian rule. Her experiences are also likely tied to her community of origin, Daraa, which is where the revolution began, and where violence was particularly fierce. Many participants in the study continued to fear their government and militants, even in exile. Like Duha, study participants adopted an approach that involved trusting few people in order to maximize their

own sense of safety. While this seems a reasonable response to the circumstances, this survival strategy is at odds with the Syrian cultural value of interdependence. In addition to psychological and social losses, the absence of physical safety, therefore, has consequences at the level of culture.

Study participants indicated the cause of such fear included Syrian political conditions from long before the war started. Abedulla, a 63-year-old man, described Syria as "the society that still has the theory of tyranny in his mind." Many more study participants indicated that such fear originated from and grew during the war in response to acts of violence and terror on the part of the Syria government. This was the case for Jori, a 51-year-old mother living in Jordan with her daughter, though separated from her other children who remained in Syria. She said:

> Those who are with the Syrian regime stayed in their houses, and for those who left their houses, they (the government) took everything. They didn't leave anything in it. If you were walking and you went through one of the borders and the police ask you about someone who has the same last name as you, you say that you don't know them and it's only the family name that connects you with each other. You feel afraid of everything. You have to feel afraid, there's nothing to do.

In this excerpt, Jori focuses on the physical destruction that occurred in communities during the war—including the ways in which violence was targeted against those who were known to be part of the opposition. (Her home community of Homs was a major site of the revolution, and therefore a place of expansive government surveillance.) She also highlights the fear generated by the checkpoints set up inside the country. Such conditions, she says, led to being *afraid of everything* coupled with a sense that *there's nothing to do*.

Rashed, 39-year-old father originally from Sham, was living in Jordan with his wife and children. In his interview, he described how this sense of fear entered into the most intimate spaces in people's lives:

> I used to own a big house, then we had to leave it and live in another one because of the war. Can you imagine how bad it is to leave your house that you were living in safely with your family? We lived safe and secure (in Syria), thank Allah. Now, once it gets dark, no one dares to go out of his door. That's why we felt like prisoners most of the time. We used to go out at 2AM to spend time with friends. Now, once it starts to get dark, everyone locks their doors and sits inside. Even inside the house you don't feel safe.

Before the war, Rashed describes a sense of security that is tied to his faith and religion. After the war started, he links the sense of feeling like a prisoner and locking one's doors with relational and psychological consequences including the continued sense of not even feeling safe inside the house.

While fleeing to Jordan offered some protection from immediate physical danger, the fear did not diminish for study participants when they crossed the border. Duha said, "We're trying to adapt but what's in the heart stays in the heart and we could never forget." Indeed, many Syrian men and women continued to fear for their physical safety in Jordan in ways that had a psychological and emotional toll. As Lufti, a 40-year-old father said, "Here you're always afraid of something. If anything happens to you, you only have two options, they either take you to the camp or they take you back to Syria."

If conditions in Jordan offered some degree of escape from the war, the conditions of being a refugee brought the impact of discrimination based on their identity as Syrians. In her

interview, Duha described her children's experiences of bullying at school: "My son tells me, *the word Syrian destroyed me*. We are Syrians. What's in that? Are we gypsies or not humans?" In the broader climate of xenophobia and discrimination, parents' fears and worries related to their children's physical safety are exacerbated. As Duha said:

> They don't understand…They want to go out whenever they want…This doesn't work with us as refugees. If the police find you out at night, they would send you to Azraq (a desolate camp in the desert) or kick you out of the country or they will keep running after you from one police station to the other.

This excerpt draws attention to the emotional and psychological consequences of living with such fear for one's child.

The refugee aid system itself also contributed to study participants' sense of fear and insecurity. Many spoke of reductions in aid. For most, the aid system felt arbitrary and participants complained that it was not clear why some people received assistance while others did not. With or without assistance, all participants were consumed with worry about basic survival, including having enough money to feed their families and pay their monthly rent. As Jori said, "The coupon that we take is barely enough to buy food, especially since none of us have a job. It's really hard. Humiliating yourself is also hard."

Here again, we see the ways in which questions of basic physical survival cross over to the emotional. This excerpt also highlights the paradoxical way in which the systems intended to assist function to exacerbate the sense of insecurity and result in a loss of basic dignity.

Loss of Cultural Roles and Identity

Syrian men and women described the ways in which war and forced migration significantly alter family structures and lead to losses in cultural roles and identities. All study

participants described separation from primary family relationships as an ongoing concern and source of distress. Farah, a 36-year-old woman living in Jordan with her husband and children, described the painful physical separation from her mother and the ways that this led to a sense of emotional separation:

> These days I really miss my family, especially my mom. We used to gather at her home every Saturday. It's been 5 years since I last saw her. Sometimes when we talk on the phone, she says, *We might not see each other again*. It really hurts. I wish I can see my family again.

This situation, in which one can tell the other "we may never see each other again," is precisely the painful paradox of living with absence and presence (Boss, 2006). But such loss is also experienced at the level of family roles and identity, culture, and religion, as the separation from her mother prevents her from fulfilling her role as dutiful daughter, including caring for her aging parents. The maternal relationship is particularly emphasized in the Islamic perspective, including many Koranic verses that pertain to a sense of responsibility and obligation to one's mother.

Such losses in cultural roles and identities were unfortunately common for Syrian men and women in this study. Ibtisam, a 45-year-old mother from Daraa, was living in Jordan with her younger children. In her interview, she focused on the challenges of mothering and the pain of being physically separated from some of her older children, who had remained in Syria. She said, "Before the war, I was in the same house with my kids. Whenever we miss anyone, we go visit them. But now, my family is far away from me. My whole life became far away from me." Her description of being separated from her children illustrate a type I ambiguous loss (Boss, 2006)—Her children are physically separated from her, though they remain psychologically

present. Yet, the loss goes beyond that. Whereas caring and being in close proximity to her children was core to Ibtisam's life in Syria, now, "My whole life became far away from me." This description conveys the despair and agony of being away from her children and losses of a way of life and her whole sense of self.

Even in cases where parents and children were physically together in Jordan, the displacement context often created impossible choices for families and led to losses in meaning and imagined futures. Syrian men and women often despaired at not being able to provide the best for their children, to save them from the experiences that they have survived, nor to live out their life as they had imagined. Ahmad, a 52-year-old father of three, described this sense of despair when talking about the educational losses that his children experienced as a result of displacement:

> We've lost a lot. I have one son and he has no education, we forced him to work. That's what life requires. And some young kids have lost a year at school. Two of my daughters have lost a year at school. One in the fifth grade is supposed to be in the sixth, and the other one in the sixth grade is supposed to be in the seventh. This is one of the losses. It is a big loss, but I consider it a small just like all other losses. I believe I've lost my future, Allah is the only one who knows.

Beyond the educational losses, Ahmed's description reflects a disruption to his role as provider and protector of the family. He and other participants frequently described the value of education in Syrian society, and sending one's children to school would be the minimum of what is expected of parents. Yet, he is unable to guarantee this in the context of displacement. *This is what life requires*. At the end of the quote, Ahmad said, "Only Allah knows," which reflects a

cosmocentric view of self and seems to underscore the total unknown quality of his current life and the existential nature of his suffering.

Indeed, the struggle for basic survival placed new demands on Syrian families, often resulting in major changes to family roles in order to adapt to dire circumstances. With limited opportunities for work, Syrian women often assumed the role as family provider by going out to access benefits through the refugee aid system. This represented a major shift in the way that families were traditionally organized, and was often a source of conflict in families. For some women in the study, going out into the community with regularity for the first time created a new sense of social mobility. Syrian men, however, struggled to adapt to these new conditions. Malak, a 36-year-old widow living with one of her sons in Jordan, described these changes in her interview: "We're a conservative community. Women don't go out that much, you know? That's why men here feel that they gave up some of their manhood because women have to go out." Lufti, a 40-year-old man in Jordan with his wife and children, reflected on this in his interview. He longed for the sense of purpose, especially to work and provide for his family:

> In your home country, you can do anything, you have rights and responsibilities and you have it all. You can work anywhere and in anything, you can work in the bakery or in construction and you don't have to bring any permissions. So, leaving your country is hard and when you live in another country, it's never like home. There will always be limits for you and your abilities, you have to take permissions to work, and even if they did their best to help you, there will be a missing piece. Alhamdulillah (Thank God)."

For Lufti, being away from his home in Syria is tied up with a lost sense of self-determination over one's future and occupation.

Loss of Cultural Values and Practices

Beyond the family, Syrian men and women described ambiguous losses that related to community relationships and values of social connection that were embedded in cultural and religious norms and practices. At the community level, study participants described a lost sense of social connection that included a sense of separation from other Syrians as well as the difficulties establishing new connections with neighbors in the host country. Ibtisam, a 45-year-old single mother, talked about her home community in Syria, describing a strong sense of interdependence where people assisted and looked out for each other:

> In Syria, if our neighbor was hungry, we'd send him food. If we were hungry, he'd send us food. We used to cut the loaf in half between us, my love. If X doesn't have water, we sent him water. Our neighbors' and our conditions are one.

Ibtisam, along with many others in the study, contrasted these memories to her experience in Jordan. Whereas a sense of interdependence defined her community relationships in Syria, self-interest now consumed her daily life:

> Here, no one cares about anyone. If you're thirsty and have money to buy water, you go buy some. If you don't have money, you'll have to wait until you get it somehow. If you're hungry for 2 or 3 days in your home, nobody knows about it. Everyone is looking out for themselves.

This breaking down of social bonds between Syrians in Jordan is perpetuated by the dire conditions of life as refugees and the long-term residues of mistrust from the war. Study participants experienced this as a loss of cultural practices that relate to a sense of interdependence and caring for one's neighbor.

As described in the first section of this paper, many participants viewed the fractured connections within the Syrian community as a consequence of the emotional toll of war and ongoing difficulties of exile. As one Syrian man described, “I don’t blame anyone, the sorrow and the asylum is just enough for them.” By this, he means that people were living in survival mode and were only able to focus on their own needs. Others explained the ways in which the struggle for daily survival was all-consuming and bred a sense of self-interest. As one Syrian woman described, “people used to love each other with all their hearts but the war made people selfish.”

The absence of community relationships also had psychological consequences. In her interview, Rahaf, a 40-year-old woman from Homs, conveyed this as the loss of a way of life and the sense of total isolation in Jordan:

> In Syria, in my country, there I had more neighbors, more family members, more friends. Everything was different. When you’re sick there, someone visits you. I don’t have any visitors here. You have everything for yourself, your pain is only yours, your joy is only yours, your sadness is yours. There’s no one who would feel sad with you. When you have a problem, no one would help.

Here, Rahaf describes the loss of social practices that were essential elements of her community life back home.

Like Rahaf, many recognized the lack of support within the Syrian community as a cultural and religious loss. Ahmad, a 52-year-old man living with his wife and children in Jordan, described social connection as an intrinsic aspect of Syrian culture that is also reflected in some of the main tenants of Islam that pertain to social responsibility for one’s neighbor. Though not limited to formal spiritual practices, such cultural and religious values are reflected

in common activities such as going to mosque. Ahmad described the loss of these community relationships:

> Syrians have a lot of deeply-rooted social relationships, they are funny and smooth dealing with their neighbors, and they do not have complicated social conditions. We were all used to that and were raised on that. When I came here, I didn't find this. And this is the surprise that shocked me…I mean, you are neighbors for 3 years, and yet none of you visited each other! This is a disaster! In Syrian society, that wouldn't happen. As a person committed to going to mosque, I know that these relationships should be among people who go to mosque constantly. But I didn't find this here, and that's unfortunately painful.

Ahmed's "pain and shock" seem to relate to the difficulties of holding contrasting experiences of his culture simultaneously. Boss (2006) referred to this as "unsynthesizable feelings" (p. 6). Beyond the pain that he expresses, his distress is existential in nature as he struggles to discern who or what from his previous life he can still hold on to.

Loss of Social Spaces

The last category of ambiguous loss captures losses to social spaces. This included real and abstract losses related to the family home, homeland, and a corresponding sense of place. Such losses were linked to psychological, social, and cultural consequences. Mohammed, a 22-year-old single man, had been in Jordan for 3 years. He described the war as "devastating." He said, "if you let the negativity get inside, you'll lose. The war is like a flood, it takes everything that shows up in its way so you have to do the best to survive." And while he was intent to adapt in Jordan and move forward with his life, he also explained the difficulties of not being in his

country. He described Syria as "leaving heaven." As he said, "I miss home. I miss Syria. My house is not like mine there. Even if they gave us everything here, our house there is different, our relationships inside our house are different…." He came back to this idea later in the interview, when he said, "even if you moved to a country and everything there was perfect, you can't feel comfortable as you were in your country." For Mohammed, losses related to this multidimensional experience of home resulted in a loss of comfort and security that could not be regained.

With the loss of home, Syrian men and women also talked about losing places to gather in Jordan. As one woman described, "my kids don't go anywhere and there is no place to take them." For many study participants, the limited public spaces and desert environment of Jordan was a drastic change for those who came from more bucolic settings in Syria, where they had access to nature and green spaces. As a function of their refugee status, economic problems, and the nature of the city space in Amman and Zarqa, Syrian men and women described feeling constrained to move around the city and isolated in their home spaces. Iman, a 40-year-old widow, had fond memories of sitting on her balcony in Daraa:

> I miss sitting on the balcony with a cup of coffee, or mateh (Syrian traditional tea), laughing with spring weather, and kids are playing around. It's prison here. If you are outside, you find the kids fighting, one of them is hurt and the other is wounded. No, it's better to stay at home, I miss all the time I spent with my sisters, and family there, all the jokes and talks, but now I am here in Jordan, one of my sisters is in Lebanon, and the other still in Syria.

Here, a sense of place and joy is attached to meaningful relationships. The consequences of losing her physical home break apart meaningful family relationships, creates a sense of physical insecurity—"it's prison here"—and relational danger in the form of fear for the kids.

Aside from trips to gather necessary supplies, study participants described spending most of their time in their homes during the day. Study participants were often living in very small apartments. One Syrian man, for example, described living in a one-room apartment with his wife and four teenage sons and daughters. In addition to the obvious issues related to space and privacy, such living situations were not conducive to gathering with neighbors and friends. When remembering home, Syrian men and women often drew attention to spaces that were the context for social gatherings. Zakarya, a 52-year-old father, described this in his interview: "I miss my neighbors and relatives. We used to be together all the time, during Eid, after prayers, if someone was sick we visit him. Like, we used to gather each night at somebody's house." In this excerpt, Zakarya describes the ways that spaces are inextricably linked to spiritual notions of self and relationships and tied to a sense of being in one's culture and religion. In this particular excerpt, he speaks of gathering during New Year's (Eid) and after evening prayer. Connecting to one's neighbors and relatives is an important sign of faith in Islam. In Jordan, there was an absence of such spaces for socializing, and losses therefore were relational, cultural, and religious and experienced at the level of identity.

Even in exile, Syrian men and women's sense of home remained present to them, and returning home was often core to participant's hope for the future. Yasmeen, a 29-year-old mother who was living with her husband and some of her children in Jordan, recalled fond memories of gathering with her family in her interview. She said, "We always dream that everything can be the same. I wish we could meet like we used to in Syria. Every month, we

used to have gatherings, me and my brothers and sisters…Now, we can't do that." The central role of family relationships in Syrian culture is evident in her description of home, and therefore the longing to be back at home is also longing to be back in her culture, with family.

Discussion

This study sought to understand social-relational losses that result from war and forced migration using a lens of ambiguous loss. From this analysis, it was identified that such losses are multi-dimensional—physical, psychological, relational, spiritual, and cultural in nature. Furthermore, the findings are multi-level, reflecting losses across the social ecology at the level of the individual, family, social group, and broader spatial, place-based environment. Prior to the war and forced migration, some Syrian men and women described a way of life characterized by a sense of safety and family stability. Additionally, Syrian men and women described a sense of community connectedness and strong sense of interdependence in relationships consistent with their culture and religion. The family home in Syria and a sense of place and spaces to gather, socialize, and connect were essential elements of their broader social lives.

The experience of war and forced migration to Jordan created profound ambiguity and resulted in dramatic losses in these social-relational and spatial domains. Authoritarianism and the war in Syria bred fear and mistrust among people which persisted and grew in displacement, as a function of the ongoing violence in Syria and tenuous status in Jordan. Syrian men and women expressed fear of being returned home, for the safety of their children, and for their daily sense of security. Forced migration to Jordan also caused shifts in cultural roles and identities, including separating family members across countries, and resulted in losses in family roles that were inherent in an individual's sense of identity, culture, and spirituality. In Jordan, Syrian men and women described an overall experience of isolation and loneliness resulting from a lack of

social connection. Study participants described the ways in which members of the Syrian community survived by becoming self-interested, which represented a loss of Syrian cultural and religious orientation. The built environment in Jordan—the nature of their rented apartments, lack of available public space, and expense of travelling around the city—further constrained opportunities for gathering, socializing, and connecting. Findings from this study emphasize not only the trauma of war per se, but also the traumas that are social, cultural, spiritual, and identity-based. I examined these findings in greater depth to explore theoretical implications and implications for research and practice.

To date, research with refugees has predominantly focused on the ways in which mental health issues are tied to experiences during war and traumatic events (Silove et al., 2017). While such experiences are an important component of a comprehensive understanding of refugee mental health, such approaches often ignore losses accompanying war and displacement that are not tied to death or events. Findings from this study highlight psychological, relational, cultural, and spiritual losses that also represent traumas and the ways such ruptures contribute to distress and suffering. Ambiguous loss offers an alternative, complimentary framework to highlight the ongoing, less visible, multi-dimensional traumas that are so common for refugees and can contribute to distress and hardship.

To date, there has been limited integration of ambiguous loss theory in research with refugees in the U.S. (Luster et al., 2008, 2009; Rousseau et al., 2004). Such research has predominantly focused on type I ambiguous losses that result from family separation. However, this study represents the first known study to apply the theory to refugee families in displacement to consider ambiguous losses including and beyond the family system as well as examine cultural variation in the ways that such losses reveal themselves. Some of the categories of social

relational losses, especially changes in roles and community support, are broadly consistent with existing conceptualizations (Silove, 2013) and past empirical research conducted with other refugee groups. The finding related to a multidimensional experience of fear and loss of security is also consistent with extant research conducted with Syrian refugees (Pearlman, 2016).

Yet, other aspects of the findings extend understanding in new ways. In particular, findings contribute new understanding about the ways in which social-relational losses are embedded in Syrian culture, closely tied to the Syrian concept of identity whereby personhood is defined as sociocentric and cosmocentric. The finding related to losses of social spaces is both novel and important. This seems intuitive when thinking about refugees who are displaced and living in temporary dwellings and unfamiliar contexts. However, attention to space and place, as a core aspect of human well-being (Fullilove, 1996; Kemp, 2010), has not been well-integrated into socio-ecological conceptualizations of refugee mental health, nor has it been a point of focus for intervention development in mental health work with refugees. This study, therefore, joins attention to the importance of the broader environment and the need for interventions with refugees to integrate attention into issues of space and place (Kemp, 2010). Lastly, the findings indicate that many of the losses were situated within a cultural and religious framework. Findings from this study, therefore, suggest the need for a more particularized understanding of trauma and loss specific to cultural and religious contexts, to name a few (Stamm et al., 2004).

Implications

The findings from this study also have implications for practice, research, theory, and policy related to Syrian refugee communities. The includes raising questions about developing culturally-tailored interventions in ways that acknowledge ambiguous losses at multiple levels and help foster growth through this type of trauma and loss, in addition to the other traumas they

have experienced. The current evidence base for mental health interventions in humanitarian settings has been developed with a focus on brief, individualized, trauma-focused interventions to address psychological problems resulting from traumatic events during war (Weiss et al., 2016). And while such interventions are critical components of an overall refugee mental health framework (Inter-Agency Standing Committee, 2006), an ambiguous loss framework causes us to recognize sources of distress and suffering beyond their physical presence—cultural, social, spiritual, and identity- based. By definition, ambiguous losses cannot be situated in the past; instead, they exist without a clear end point, making them incompatible with interventions that focus on narrating past trauma (Boss, 2006). Furthermore, ambiguous loss is fundamentally considered a relational phenomenon and as such, family-, group-, and community-based approaches are preferred over individual models. Family- and group-based interventions can break the isolation that is a common consequence of ambiguous loss, and through storytelling, facilitate connections and new meaning (Boss, 2006). Given the scale and scope of refugee crises, group-based interventions are used widely in humanitarian contexts; however, there is currently very little research on such interventions and none focused on ambiguous loss, per se (Bunn, Goesel, Kinet, & Ray, 2016). Additional model development and research with a focus on these types of losses is needed to advance understanding.

The overall trend in the field is increasingly moving toward brief, highly focused assessment and treatment of single disorders following war and displacement (Jordans & Tol, 2013). Such approaches are incomplete and fail to capture the range of ways in which war and forced migration affect mental health. While psychosocial programs have characteristically taken a more comprehensive approach to understanding the difficulties of refugees, there is limited research on such programs to date in humanitarian contexts (Lee et al., 2018). The findings from

this study make a strong case for broadening our sense of the suffering within refugee communities and planning corresponding interventions. This includes greater attention to ambiguous losses.

In terms of theory, this is the first known study to employ ambiguous loss in research with a refugee population in a humanitarian context. Ambiguous loss was found to be particularly important for highlighting the less visible, continuous social-relational losses associated with war and forced migration. The findings also extend the theory of ambiguous loss in ways that are particular to Syrian refugees. This includes examining cultural variation in the way that ambiguous loss reveals itself, as well as the ways that losses were closely tied to the Syrian sense of identity, cultural roles, values, and practices. These findings are presented as an initial conceptualization of ambiguous social-relational losses of Syrian refugees in Jordan, and one that will benefit from additional research and theory development.

This study also serves as a reminder of the importance of including these types of losses in policy documents, and how organizing bodies and organizational partners approach work with refugee communities. Resources need to be devoted toward research and ongoing programming that are most aligned with ameliorating these aspects of suffering. At a structural level, this exploratory study found that aspects of the refugee aid system including family separation, inconsistent benefits, and urban housing contexts were primary contributors to overall distress. This raises questions about how we may re-envision systems-level policies and think in innovative ways that can prevent some of these negative consequences.

Limitations

It is important to acknowledge the inherent challenges in conducting research with communities escaping long-term political oppression, as is the case with Syrian refugees. Along

with other research with Syrian refugees (Pearlman, 2017), this study found that participants continued to fear for their safety in displacement and expressed widespread mistrust. This sense of fear very likely informed how participants engaged with the research team in this study, as they may have felt uncomfortable sharing aspects of their current experiences. Findings from this study and resulting findings related to ambiguous loss among Syrian refugees in Jordan, therefore, are viewed as a building block, intended to be refined through long-term engagement with the Syrian community, as trust and rapport deepen.

In terms of future research, it is important to reiterate that ambiguous loss was identified as an emergent framework, useful for capturing and extending understanding the social-relational losses observed in the study. Future research with an a priori focus on understanding and extending the theory of ambiguous loss among Syrian refugees will be an important next step. A grounded theory method is particularly suggested to extended theoretical understanding and application.

There are some limitations associated with the study sample. First, findings from this study should be understood as reflecting the views and experiences of Syrian men and women who were treatment seeking and who participated in specialized mental health services prior to the study. There may be significant differences between individuals who are willing to participate in mental health services compared to those who do not; therefore, findings should not be interpreted as representing the view and experiences of the broader population of Syrian refugees in Jordan nor Syrian refugees in general.

Though the study was interested in the experiences of adults, a majority of the study participants were married and between the ages of 34 and 57. There may be key differences in social relationships among young adults, particularly those who may not be married, and this

study has not adequately captured that demographic. Additionally, the entire sample identified as Muslim. While Syria is predominantly a Muslim country, there are other religious groups in Syria. Additional research focused on understanding the perspectives of Syrians from other faith backgrounds is needed to enrich understanding and examine potential similarities and differences across their experiences.

Additionally, the point in time nature of the interviews presents only a snapshot of Syrian men and women's experiences in Jordan. Longitudinal designs may enhance understanding about how social relationships evolve over the course of displacement.

There are also numerous challenges associated with cross-cultural research. As described at the outset of the paper, the lead researcher's point of view as a white, American woman limits understanding of nuanced cultural experiences of Syrian refugees. Moreover, while the study was designed to incorporate culture and context-specific points of view, meanings may have been lost or compromised through translation processes or though analysis (Larkin, Dierckx de Casterlé, & Schotsmans, 2007; Padgett, 2017).

Conclusion

Violence, conflict, and forced migration affect the way people relate to each other interpersonally. Families often fragment, and support structures can disappear and become less effective. Though social resources are compromised by war and forced migration, this study is one of few to focus on the social-relational losses of refugees. Ambiguous loss was employed as a primary framework for conceptualizing the ongoing, invisible, multi-level nature of such losses among Syrian refugees. These initial findings indicate that grief and loss frameworks are paramount for understanding social-relational vulnerabilities of refugees and their implications for psychosocial well-being.

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Chapter 3: Relational Processes and Experiences in Group-Based Treatment for Syrian Refugees in Jordan

Introduction

Experiences of war, political violence, and forced migration result in multi-level vulnerabilities (Silove, Ventevogel, & Rees, 2017). In addition to resulting unemployment, housing, and economic problems, war and forced migration can generate a number of social and interpersonal problems (Miller & Rasmussen, 2017; Silove, 2013). Group-based treatment for migrants suffering from mental health problems is considered particularly useful for addressing such social and interpersonal consequences. In particular, it can result in the development of new relationships, reduce social isolation, and reestablish a sense of trust and social connection (Bunn, Goesel, Kinet, & Ray, 2016). Yet, to date, there has been limited investigation into the social-relational processes and outcomes of group-based models for refugees (Bunn et al., 2016).

This study explores the nature and quality of relationships that develop in an interdisciplinary group-based intervention, including uncovering group processes that facilitate social connection. The study investigates whether and how group-based treatment contributes to the development of social resources for group members. I use the umbrella term *social resources*[3] to refer to the nature and quality of social relationships, social attachments, social support, social networks, and social integration (Hall et al., 2014). The study focuses on Syrian refugees in Jordan, though findings may have implications beyond that population and place. Indeed, its findings are expected to fill an important gap in the group-treatment literature and advance understanding of group relationships as a potential mechanism of change.

[3] *Social ties* refers to connections and contact with other people. *Social support* refers to functions performed for the individual by others including informational, instrumental and emotional support. *Social integration* refers to ties to a narrow or broad range of groups. *Social networks* refer to size, type and frequency of contact with others (Thoits, 2011).

Background

Since the Syrian war began in 2011, approximately 11 million Syrian men, women, and children have been internally displaced or forced to seek safety as refugees in neighboring countries (UNHCR, 2019). Much of the existing research on refugees has focused on examining how experiences of war and forced migration result in the development of a number of mental health syndromes, especially posttraumatic stress disorder (PTSD), anxiety, and depression (Silove et al., 2017). Yet, the consequences of war and conflict extend well beyond the individual and negatively affect the broader social fabric (Eagle & Kaminer, 2013). If powerful regimes like the Syrian government generally utilize tactics such as surveillance, intimidation, and arbitrary detention to create a climate of insecurity among its citizens and inculcate fear of speaking out (Joyce, Bunn, & Engstrom, 2012; Pearlman, 2016), conditions of civil war greatly intensify the sense of instability. Individuals and communities may demonstrate resilience under such conditions, but caution and mistrust of others is a common consequence (Joyce et al., 2012).

War and displacement can also dramatically affect family ties and resources (De Haene, Rousseau, Kevers, Deruddere, & Rober, 2018; Karageorge, Rhodes, & Gray, 2018; Weine et al., 2004). In the process of seeking safety, families are often fragmented. This disrupts the most basic family roles in individual's lives, and the support structures embedded in key relationships can become less effective. Although global statistics on family separation are difficult to obtain, a report on Syrian refugees in Jordan has indicated that 36% of registered Syrian refugees are separated from a member of their family (McNatt et al., 2018). Yet, these statistics provide only a partial understanding of the scope of family separation and its consequences, as they pertain

only to separations within a nuclear family and are not guided by the Syrian definition of family that is inclusive of extended kin.

While one can imagine family separation as a universally devastating experience, for Syrian refugees it is important to situate the losses within the context of a society where identity is defined through a sociocentric and cosmocentric lens (Dwairy & Van Sickle, 1996). That is, the self is defined in relation to one's family of origin, lineage, and community, created in the image of God (Hassan et al., 2015; Kirmayer, 2007). Refugees often describe a sense of social dislocation and grief resulting from the loss of meaningful roles and connection to a community (Papadopolous, 2002). Indeed, recent research conducted with Syrian refugees in and around Jordan has identified the predominance of a yearning for a lost homeland (Hassan et al., 2015; Hassan et al., 2016), a lost identity, and the resulting family problems (Quosh, Eloul, & Ajlani, 2013; Wells, Steel, Abo-Hilal, Hassan, & Lawsin, 2016). Other research has identified the breakdown of social networks among Syrian refugees in Jordan, in ways that were paradoxical to the cultural norm of interdependence and contributed to experiences of isolation (Stevens, 2016). These particular losses and traumas are inevitably exacerbated by the material and resource problems that mark life as a refugee—poor access to food and health care, ambiguity about one's status and future, and ongoing struggles for daily survival, among other problems (Budosan, Aziz, Benner, & Abras, 2016; Wells et al., 2016).

Given these complex and varied vulnerabilities, the urgent question that arises is: What intervention models may be best suited to assist refugees? While a number of brief psychotherapies have demonstrated positive effects on the mitigation of mental health problems (Turrini et al., 2017), group-based treatment has been described as particularly effective for addressing the social and interpersonal vulnerabilities resulting from war and forced migration

(Bunn et al., 2016). Groups are thought to both aid the development of new relationships, reduce social isolation, and reclaim a sense of trust and social connection lost or ruptured by experiences during war and exacerbated by ongoing adversity in the displacement context (Bunn et al., 2016; Drožđek & Silove, 2019; Foy, Eriksson, & Trice, 2001). Theoretically, groups can provide experiences of community that counteract isolation and marginalization, enabling individuals to connect with others as well as their own sources of strength (Kira et al., 2012; Mendelsohn, Zachary, & Harney, 2007). For displaced and resettled communities, the experience of gathering as a group may also recreate aspects of home that were lost to displacement or resettlement (Akinsulure-Smith, 2012; Tucker & Price, 2007).

Authors of clinical case studies with survivors of war have emphasized that group interventions work well for populations from cultures with a more collective social identity (i.e., defined by a strong value for social relationships; Akinsulure-Smith, 2012; Kira et al., 2012). Thus, group interventions are suitable for members of Arab societies, where collective identity within the family remains primary (Dwairy & Van Sickle, 1996). Illustrating this notion of self in family, recent research has found that Syrian refugees in Jordan apply kinship categories to new relationships (mother, father, sister, and brother) to emphasize the strength of their newly formed social obligations and roles (Thorleifsson, 2014). A number of clinical-case accounts of refugee and asylum-seeking communities have described the ways in which group members give cultural meaning to the experience of healing (Akinsulure-Smith, 2012; Kira, Ahmed, Mahmoud, & Wasim, 2010). And while there are no studies on group-based interventions particular to Syrian refugees, there are reasons to believe that the group context may be similarly meaningful for Syrian men and women. Interdependence is closely tied to the concept of personhood

reflected in the teachings of Islam, including obligations and caring for one's neighbor and community.

Theory of Change and Group Therapy

The theory of change for group therapy marks the context of group relationships and interpersonal learning opportunities as the key therapeutic factors affecting positive outcomes (Yalom & Leszcz, 2005). *Group cohesion* is the relationship construct used to refer to the nature and quality of relationships between participants and provider and among group participants (Burlingame, Fuhriman, & Johnson, 2001; Yalom & Leszcz, 2005). Though definitions of cohesion vary, studies utilizing a range of cohesion measures have found that positive group cohesion predicts client outcomes in domains of mental health, self-esteem, and interpersonal problems (Burlingame, McClendon, & Yang, 2018; Johnson, Burlingame, Olsen, Davies, & Gleave, 2005). A review of the literature identified the individual sense of acceptance and support from fellow group members as vital to group cohesion (Burlingame et al., 2001). In the same review, the author indicated that emotional relatedness—the capacity to identify and connect with others in the group—promotes an individual's comfort when disclosing meaningful material; this, in turn, leads to support and feedback from fellow members. The particular qualities of group relationships important to outcomes included warmth, empathy, friendliness, consideration, and genuineness (Burlingame et al., 2001; Yalom & Leszcz, 2005). Whereas past and present experiences of trauma and oppression isolate and marginalize individuals, breaking silence and sharing experiences within a group context are seen as helping to relieve the emotional burden of experiences while simultaneously leading to a sense of closeness and commonality with others (Herman, 1992; Mendelsohn et al., 2007). As one's experiences are

heard and supported in the group, individuals are thought to reestablish a sense of meaning and hope ruptured by traumatic experiences (Herman, 1992).

Despite the strong theoretical and empirical basis for the central role of relationships in group-based treatment, there has been very limited research into the social and interpersonal processes and outcomes of such treatment for survivors of war and forced migration (Bunn et al., 2016; Hall et al., 2014). With few exceptions, empirical studies of group-based interventions for adults have utilized outcome-based designs, focused primarily on measuring changes in psychological syndromes. While such research is important, it is increasingly recognized that the effective implementation of interventions also requires process research that investigates the mechanisms of change (Kazdin, 2007; Singla et al., 2017) as well as social outcomes. To date, there is a lack of explanations for how and why specific group interventions work in ways that are most closely aligned to the theory of change, namely the role of group relationships (Bunn & Marsh, 2019).

The purpose of this study, therefore, was to begin to address this gap in the group treatment literature by exploring group processes that facilitate cohesion in group-based interventions for Syrian refugees in Jordan and how such relationships may shape social resources in addition to psychological resources. This exploratory qualitative study is expected to increase understanding of group relationships and the change mechanisms within group interventions, which has implications for further intervention development and research. By paying careful attention to how individuals experience group relationships and therapeutic processes, we can highlight their inclusion in models of intervention and intervention research (Bunn & Marsh, 2019).

Research Partner and Intervention Model

To conduct the study, the researcher partnered with the Center for Victims of Torture (CVT) in Jordan. CVT is an international non-governmental organization specializing in integrated mental health care for survivors of torture and war. It began work with Syrian refugees in Jordan in 2008, focusing on those living in urban areas (UNHCR, 2019). In Jordan and across their international programs, CVT uses an interdisciplinary group model that includes a 10-week group counseling and 10-week group physiotherapy intervention and individual social services as needed.

The group counseling intervention draws on phase-based principles of trauma treatment (Herman, 1992). This means that it moves from an initial focus on safety to narrating or remembrance of an aspect of the trauma experience, and subsequently to reconnection which focuses on consolidation of skills and experiences (see Figure 3; CVT, 2016; Kastrup, 2016). The intervention emphasizes relational principles of treatment and incorporates techniques from cognitive behavioral therapy, narrative exposure, and sensorimotor psychotherapy (CVT, 2016; de Ruiter, Gamble, Gueron, Kibet, & O'Reily, 2017). The physiotherapy intervention draws on cognitive behavioral and exposure techniques, but with a focus on physical issues and chronic pain; thus, seeks to improve mind-body awareness (CVT, 2016). The group interventions are manualized and were developed by CVT staff for work in humanitarian contexts.

Providers are trained and supervised in techniques of group facilitation, and the exercises are used to encourage the development of rapport between group members. Providers emphasize the importance of supportive relationships throughout the intervention and group members are encouraged to sustain contact outside the group sessions. (Group members routinely share phone numbers or set up social media groups to keep in touch.)

In Jordan, eligibility for services is restricted to individuals who have experienced war trauma or torture and are experiencing functional impairment as a result. CVT operates a clinic in the capital, Amman, and in the nearby city of Zarqa. The groups are organized by gender and age—in Zarqa, the groups are at least majority Syrian, whereas in Amman, group composition is more heterogeneous by nationality and include participants from Syria, Iraq, Sudan, and Yemen. Such group compositions are reflective of the particular refugee demographics in each aforementioned city. The groups are facilitated in Arabic by psychosocial counselors (PSC) and physiotherapists (PT) who receive ongoing clinical supervision from senior trainers. All providers have a bachelor's degree, and many providers have an advanced degree.

Figure 3. CVT group treatment model.[4]

Methods

This paper presents findings derived from a qualitative study with Syrian men and women who participated in CVT's interdisciplinary group-based intervention. The study was based on a social constructivist orientation whereby knowledge is viewed as subjective and deeply situated in context (Creswell, 2013; Patton, 2015). Such a philosophy was congruent with

[4] From *Restoring Hope and Dignity: Manual for Group Counseling*, by Center for Victims of Torture, 2016. (https://www.cvt.org/group-counseling-manual). Reprinted with permission.

the overriding interest in understanding and capturing nuances particular to Syrian refugees in Jordan. The study utilized a generalist approach for qualitative research, sometimes referred to as a generic or interpretive approach (Kahlke, 2014). Such an approach is described as seeking to "discover and understand a phenomenon, a process, or the perspectives and worldviews of the people involved" (Caelli, Ray, & Mill, 2003, p. 11) and uses strategies common across many qualitative approaches, including seeking depth of understanding through insider perspectives, inductive processes, and strategies of reflecting, classifying, and theming data (Merriam & Grenier, 2019).

The data for this paper are drawn from semi-structured interviews conducted with Syrian men and women (n = 31). Interviews were designed to elicit participants' experiences in the group, especially the nature and quality of relationships with group members and the meanings they attributed to such experiences. Interviews also focused on understanding how the group shaped participants' perceptions of their social resources.

For this paper, thematic analysis was used and focused on identifying patterns across the interviews (Braun & Clarke, 2006; Braun, Clarke, Hayfield, & Terry, 2019). There was a particular interest in repeating ideas related to social experiences in the groups and group processes, and how these experiences shaped relationships outside the group. Subsequent sections provide details related to recruitment, data collection, and analysis.

Study Location

The study was conducted in Jordan and all data collection occurred at CVT clinic locations in Amman and Zarqa. The group treatment model used is the same at each clinic location.

Research Team Approach

The study was conducted by a research team led by an American researcher, who has more than 15 years of experience working with survivors of war, torture, and political violence in the U.S. and various global locations. This includes particular depth of expertise in the Middle East, including with Syrian refugees in Jordan dating back to 2012. Arabic-English speaking research assistants were recruited to conduct interviews with Syrian men and women and lead transcription and translation of the interview data.

In order to maintain interview data in the original language and minimize issues of mistranslation and misrepresentation, native speakers (Syrian, Palestinian, Jordanian, and Lebanese-American) were hired to be part of the research team (Applied Mental Health Research Group, 2013; Squires, 2009). This inclusion of insider cultural perspectives is an essential element of the study's overall rigor, as their perspectives complimented the principal investigator's (MB) areas of knowledge and allowed for more in-depth exploration of language and the culturally-embedded experiences of Syrian men and women. Over the course of the study, the research assistants were also involved in data coding and debriefing.

Prior to beginning work on the study, MB provided 2 weeks of training to research assistants. Weekly meetings were conducted throughout the study, in-person in Jordan and via Skype. All research assistants completed the National Institutes of Health online training, *Protecting Human Research Participants*.

Recruitment

After an initial screening call to confirm interest in participating in research, potential study participants were identified by the organization and their contact information was shared with the researcher. The study was interested to understand Syrian men and women's

experiences participating in the interdisciplinary group treatment. Particular criteria for recruiting participants were determined in consultation with the partner organization. Eligibility was restricted to adults aged 21 years and older who had already participated in CVT services and had completed a 3-month follow-up assessment. Given the overriding goal of protecting client confidentiality and maximizing client self-determination, eligibility was limited to participants who expressed interest in participating in research during routine assessment and follow-up interviews conducted by the organization. Exclusion from the study applied to minor-age clients (21 years or younger) and those identified by the staff at CVT to be high risk. A purposeful sampling approach was used to identify a demographically varied sample according to gender, age, and clinic location (Palinkas et al., 2015; Patton, 2015). Prospective participants were contacted by the research assistant and invited to participate in an interview. Study participants were reimbursed for the cost of transportation to the interview and received a grocery store voucher for participation.

Study Participants

As described in Table 1, the study sample included 18 women (58%) and 13 men (42%). Study participants ranged in age from 22 to 64, though most were between the ages of 34 and 57 (n = 20). The majority of the sample were married (74%), followed by widowed (13%) and single or separated (13%). All study participants were in Jordan with members of their family. Nearly all study participants were parents and had children with them in Jordan (n = 30). The sample was almost evenly divided between clinic locations of Zarqa (n = 16) and Amman (n = 15). Eight study participants joined Syrian-only groups, while 23 participated in groups that were multi-national, including group members from Iraq, Yemen, and Sudan. Interviews were

retrospective, with study participants completing the groups 7 to 11 months prior to data collection.

Table 4

Characteristics of Study Participants

Gender		
	Male	13
	Female	18
Age		
	20-30	2
	30-40	12
	40-50	6
	50-60	7
	60+	4
Marital Status		
	Married	21
	Widow	7
	Separated	1
	Single	2
Clinic Location		
	Zarqa	16
	Amman	15

Interview Guide

During the 2-year planning phase of the study, the MB conducted visited the program in Jordan to meet and dialogue with staff and explore some of the primary research interests. During this time, 28 interviews were conducted with staff at CVT as well as providers working with Syrian refugees in other organizations. MB also visited many organizations serving Syrian

refugees and made visits to some of the major refugee camps. These interviews and experiences informed the development of the study and particularly informed the development of the interview guide.

Prior to data collection, the interview guide was pilot tested with four Syrian refugees to assess timing, language, meaning, and cultural acceptability (Squires, 2009). The interview guide included open-ended questions to explore Syrian men and women's experiences in the group, including the nature and quality of relationships with other group members, if and how they supported each other in the group, memorable moments, and challenges associated with participation. Syrian men and women were also invited to reflect on the social resources at the time of the interview compared to when they first arrived in Jordan. This included inviting study participants to discuss the nature of their ongoing relationships with group members as well as any changes in other social resources with family and the broader community.

Data Collection

The data for this study were gathered through semi-structured interviews. Such methods are often used in mental health services research to provide a depth of understanding about intervention phenomenon, and are particularly useful when there has been limited previous research about the study topic (Palinkas, 2014) or for studies that focus on therapeutic processes and theorized change mechanisms (Kazdin, 2007).

Semi-structured interviews were 60-90 minutes in duration. During the interview, research assistants went through informed consent, emphasizing the voluntary nature of participation. Research participants received a transportation allowance and a voucher equal to $15 to purchase necessary supplies as a local supermarket.

Following interviews, research assistants prepared a summary of each interview. The memos were read by MB and discussed each week during a research team meeting. Subsequent to this meeting, MB prepared a memo summarizing key ideas, questions, and emerging themes.

Study Approvals

Institutional Review Board approval was obtained from the University of Chicago. The study protocol was also reviewed by the Ministry of Health in Amman, Jordan and determined not to need formal approval. Additionally, the study protocol was reviewed and approved by a research advisory committee at the partner organization.

Data Analysis

As is common in qualitative research approaches, the analysis process was multi-phase and began with tracking observations during data collection (Braun & Clarke, 2006). Thematic analysis was utilized to provide a detailed understanding of the nature and quality of group relationships, underlying group processes and experiences, and social relationships beyond the intervention.

Immersion in the data began during the transcription and translation process. All interviews were transcribed into Standard Amiyah Arabic and Syrian Amiyah dialects, then translated into English. During this process, all interviews were de-identified and pseudonyms were assigned to the participants. As detailed in the previous chapter, the translation and transcription process was a formidable step in the analysis process, involving three research assistants (RH, MJ, and AK) and the principal investigator and spanning many months to give appropriate care to the task and attend to challenges related to conveying meanings across languages. RH functioned as the lead on transcription and translation and, as part of this process, reviewed the work of the other research assistants.

MB and a research assistant (AH) used a sample of English transcripts to develop the initial code book. Codes were identified deductively from the interview guide and inductively through reading of the transcripts (Saldaña, 2015). The codebook included descriptive codes (types of support and view of family relationships) and in-vivo codes ("sharing problems" and "back in Syria"). All interviews were uploaded into Dedoose, a mixed-methods data analysis application, and coded by MB and one AH. To ensure rigor, the research team met regularly to review coding, update coding logs, and discuss the data (Padgett, 2017).

The second stage of analysis focused on analyzing the codes to identify themes and reorganizing excerpts into the identified themes (Braun & Clarke, 2006). Themes were considered in terms of the extent to which repeated patterns were evident in individual interviews and across the whole data corpus. Secondly, as Braun and Clarke (2006) indicated, themes were also considered in terms of their "keyness"—that is, the extent to which they represented something important relative to the research question. In this study, "keyness" was also interpreted based on the extent to which a theme captured aspects of culture and the specific experiences of Syrian refugees. Following the identification of themes, corresponding coded data was reviewed in depth to ensure they reflected a coherent theme, and whole interviews were re-read multiple times. Simultaneously, a research assistant (RH) coded Arabic transcripts according to identified themes. This was intended to allow for deeper understanding and interpretation of the excerpts, as well as for analysis of local idioms, phrases, and cultural meanings in ways that could enrich overall understanding (Padgett, 2017). Further refinements to the identified themes were made through the process of writing.

For this study, several different approaches were used to enhance the rigor and trustworthiness of findings. Memoing was used by the researcher throughout the study as a

strategy to track ideas and reflect on emerging themes and questions (Padgett, 2017). Analytic triangulation was approached through the use of multiple coders and coding of English and Arabic transcripts. Additionally, MB organized debriefing meetings with members of the study team to discuss and refine findings as the study progressed (Creswell & Miller, 2000). One team member conducted the interviews with Syrian refugees, a second transcribed and translated the interviews, and a third, a Syrian refugee, functioned as a cultural consultant. Initial analyses were also presented and discussed with colleagues in the field. Such steps sought to enhance credibility of the findings. In this paper, findings are presented in two separate sections. Part 1 focuses on processes that facilitated relationships with group members, while part 2 focuses on processes that strengthened family relationships.

Findings

Part 1: Development of Group Relationships

Two culturally-embedded group processes were derived from the data: "sharing problems eases pain" and "recreating social spaces." *Sharing problems eases pain* refers to the experience of sharing painful experiences from the war in Syria, daily struggles associated with displacement, and future concerns. Such experiences were shared inside and outside the group sessions. The second theme, *recreating social spaces*, refers to both socialization by members and the symbolic nature of the group setting, which evoked a sense of community that had been disrupted by war and displacement. Coming together with groups of the same age and gender recaptured a sense of home, including familiar gatherings and socialization experiences. Both group processes facilitated the development of intimate group-member relationships that were connected to a cascading set of social-relational benefits (e.g., forming connections, gaining perspective, and generating hope). In addition to these two key processes of social groups, the

analysis revealed a third theme, *wish the groups continue,* that captures the value and importance participants ascribed to the group, as well as the way the group was internalized and missed in an ongoing way for study participants.

Sharing problems eases pain. *Sharing problems eases pain* refers to the experience of sharing painful experiences with group members, including from the war in Syria, physical pain, daily struggles associated with displacement, and future concerns. Nearly all study participants repeatedly described the therapeutic benefits of sharing. They indicated that the sharing fostered relationships among group members and led to a sense of healing. When describing this, some study participants used the common Arabic proverb, "*Seeing other's problems eases yours*" (الانسان لما يكون لحاله بقول انا عندي مصيبه او عندي مشكله بس لما يكشف مشاكل الناس بحس انه الحمد لله مصيبتك ارحم من غيرك). Many more used a derivation of the proverb. Farah, a 36-year-old mother who participated in a women's group in Amman, described how sharing pain led to an exchange of emotional support:

> We ease each other. For example, one of them talks about her pain, you feel compassion for her. Although you feel the pain, at the same time you try to make it easy for her, telling her that everything will get better and you will be stronger.

In other cases, derivations of the proverb indicated that sharing problems as a group lent a sense of perspective to one's particular struggles. Amna, a 36-year-old mother from Daraa who participated in groups in Zarqa, said, "When you are alone you say like, *I have been through a big problem* but when you see others' problems, you find out that your problem is small compared with the others."

Syrian men and women frequently associated sharing problems and pain with the *difficult moments* phase of the intervention. This exercise occurs during the middle part of the 10-week

intervention (sessions 4 and 5) and includes breaking up into small groups to share a difficult memory from the war. The experience of sharing this memory, though described by some as emotionally difficult, was closely connected to a range of therapeutic benefits. Ali, a 61-year-old widower living in Jordan with his five daughters, participated in men's groups in Zarqa. He said in his interview:

> Sometimes when someone talks about his problem, the problem he went through in the war. For example, one has lost his son, he told us his story with tears, how he felt then. Some of the other members have bigger issues. When the one who has lost his mother and wife talks about his problem, the one who has lost his son felt that his problem is small compared to the one who has lost everything. He said, *Thanks, Allah I just lost my son*. This exchange of experiences was so relieving. At the beginning of the sessions, when anyone talks about his problems, he cries…Of course, when you motivate somebody, he'd be encouraged to let things worrying him out. If I heard you talking about your loss and other's losses, I'd feel that this is normal. We're all in the same circle. And, that's relieving.

Ali emphasizes that the "exchange of experiences" made possible by the group was healing—sharing painful emotions provided a sense that he was not alone in his sorrow and provided a sense of connection to other group members, whom he described as "in the same circle."

The *difficult moments* exercises within the group helped many participants connect with fellow group members outside the group settings as well. Iman, a 40-year-old widow who participated in women's groups in Zarqa, drew attention to how the process of sharing spread beyond the formal sessions:

> We didn't know each other but time can do miracles. So with time, we start to know each other. Then, we start to come earlier before the sessions, and sit outside together, and each one tells the other her story. And when the session starts, we continue our talking inside.

Iman stresses that their sharing was fluid—beginning before the session started and continuing in the actual groups. She also uses the singular word "story" to indicate something made of multiple experiences and necessarily open-ended.

Many study participants associated sharing pain and problems with a cascading set of therapeutic benefits—getting things off one's chest, gaining perspective, developing closeness with group members, and gaining support. Moreover, similar patterns were described by women and men at both clinic locations and across diverse group compositions. Balqees, a 54-year-old woman originally from Alleppo, participated in a group at the Amman clinic with women from Iraq, Sudan, and Syria. When describing her experience, she emphasized the sense of support between group members:

> Each one of them shared her story. When one of us cries, we all get sad. All of us are affected. We all become one person, one story. Everyone shares her hurt with the other. We are coming from war, for sure each one has her own story.

Balquees elaborates on Iman's singular use of "story," using it to stress the sense of closeness and commonality as the group "all become one person, one story."

This experience of sharing pain in the group was contrasted with the need to tell one's story for more transactional purposes, such as to receive aid. Participants indicated that as Syrian refugees, they not only had to constantly retell their story at various points of resettlement but often had to shape their stories in particular ways so as to be deemed eligible for essential

benefits. Thus, they expressed frustration with the aid process that minimized their particular experiences, as if in the eyes of that humanitarian system refugees were indistinguishable. Farah, one of few participants who drew explicit attention to this sense in her interview, described how Syrians are condensed through these systems: "[these institutions] are disinterested. *The Syrians have the same talk, tragedy and story, you have war, and you survived*." She saw that in the group, however, their stories were treated with care and curiosity: "here, they keep asking you, 'Tell us about how *you* feel. Describe the pain *you've* been through.'"

Prior to groups, experiences of war and the impossibility of life as a refugee strained social connections and families. Some study participants indicated that all Syrian families seemed to be suffering and overwhelmed by their own, private concerns. Amna, a mother from Dera'a, said that before the group, "There wasn't anyone to trust and no one will listen to you as you want because they all have their own problems." Even within families, study participants often withheld personal pain in order to protect family members. Rahaf, a 36-year-old mother who participated in a women's group in Zarqa, said that during the war, one of her most difficult experiences was when her husband was imprisoned and they were separated for more than a year. She did not want to add to his "burden" by sharing her own experiences, especially her terror during his absence. She said:

> I mean even my husband didn't know my feelings in his absence, I didn't tell him all these details. The most important thing is that we were back together, thanks Allah…I didn't want to add burden on his shoulders, so I was keeping it… I think there's some details he still doesn't know about.

Rahaf stressed the importance of eventually being with others in order to unburden oneself and to be heard. Her description of the group conveys the sense of support among the members that allowed her to speak and be heard:

> It was nice. Because at some point in my life I needed someone to stand by my side or at least to listen to me actively. I mean the tear that fell when I was speaking, they felt with me and felt what I've been through. It was so emotional so some tears fell. I felt that they were listening actively. It was a positive thing, I found someone to feel with what I've been through in the war.

Ramiz, a 54-year-old man from Alleppo, also described sharing sorrow with Iraqi and Syrian men and how the sharing was equated to healing:

> When someone is telling his story, for example an Iraqi man was telling us that he got shot in his shoulder, and thank God, it didn't land in his heart…When I looked to the other men, they were crying. Can you believe it? It was very comfortable, as if you healed your wound.

While sharing emotional pain facilitated relationships in the group counseling, sharing physical pain was also an important aspect of social connection in the PT group. Many study participants described physical health problems, including chronic pain, fatigue, weight problems, and heart problems. In PT, group members participated in exercises and learned new techniques for alleviating their pain, and this exchange of physical pain facilitated closeness between group members. Iman, a 40-year-old widow from Dera'a with chronic back pain issues, participated in a group in Zarqa with women from Syria. She reported:

> The best part of it is the relationships we had there. They helped me to get over my pain by telling me there's hope. So I thought, why do I think too much about my problems

> while their problems are bigger than mine? I have a herniated disk. One the participants always asked about my health and how I'm doing. So recently she had a disk problem too, so she called me asking me what she should do. So, we shared medical advice.

For Iman, the support and acknowledgement from group members was "the best" part of her PT group experience—one that not only fostered a sense of hope, but also set the stage for continued support after the group ended.

As in the group counseling, addressing physical pain provided a different, though comparable, sense of relief. Amna, a 36-year-old mother, referred to her experience in PT as "beautiful and encouraging." In the PT group, she felt relieved to find a place to escape the stress associated with family problems: "Although it was physical therapy, you also let off your steam." Many study participants had very little experience with physical exercise before joining the group and when remembering PT, they recalled laughing when trying to do these unfamiliar physical movements. Many experienced this as a form of play and gathering in this way reminded them of their childhood and created a sense of joy. Ali, a 61-year-old father connected this sense of joy and relief when he talked about participating in the PT group:

> It's about a feeling of relief after letting negative energy out. When I came to the center, I feel relieved all day. We got to talk and exercise with an amazing group. Some things you're forced to do are more joyful than things you chose to do, right?

The experience of sharing physical and emotional pain related to the past, present, and future in the group gave way to a sense friendship between group members. Jori, a 51-year-old mother, described her relationships with Iraqi, Syrian, and Sudanese women this way:

> We sit with ladies and women. Each one of us here has her own story and circumstances but we laughed a little bit. We talk about our lives. Yes, thank God. We talk, we made friendship. We wait for each other. We see each other outside and inside.

In this excerpt, Jori defines the progression as first sharing their "story and circumstance" and eventually leading to a sense of friendship and mutual care, both inside and outside the group.

Recreating social spaces. The group setting also proved important for the development of close relationships. Specifically, gathering as a group recreated social spaces in Syria, and recaptured a sense of place, home, self, and relationships that were disrupted by war and forced migration. Coming together with women or men of a similar age reminded people of the social milieu in Syria. Furthermore, aspects of the group format, especially the same gender and age composition, reminded people of familiar gatherings and socialization experiences from home, such as women's tea or late night men's coffee. This sense of familiarity set the stage for close connections between group members, which were associated with other therapeutic benefits.

Malak, a 36-year-old mother who participated in the groups with other Muslim women from Iraq and Syria, likened the group to a morning sitting in Syria where women gather to talk and drink coffee. "I wasn't expecting this. I didn't know what it meant (meaning the group) but when I came here, they used to talk as if it was a women's visit, you see? As a morning sitting." For Ali, a 61-year-old widower, gathering in a men's group was consistent with a cultural and religious framework he knew well, specifically interacting with men of similar age. He said:

> Most of my time is with my kids at home. And for sure, me and my kids won't have the same way of thinking. I don't want to talk unless there's someone my age or a bit older or

> younger than me, in the same mind status…So, when we came here, we're exchanging thoughts and opinions which makes me feel relieved. I renewed my energy.

Here, Ali describes how the group provided the social connection rarely available to him as a single father raising five daughters—a connection that gave him a feeling of relief and increased energy.

Gathering as a group also recreated a sense of family in the context of ongoing separation from primary family relationships due to the war and forced migration. Study participants frequently used family terms such as "like a brotherhood" and "like sitting with my sisters" to convey the closeness they felt with group members. Rasha, for example, was a 36-year-old woman living in Jordan with her husband and children. She struggled with the separation from her aging parents and siblings. In her interview, she described longing to have her family together again:

> These days I really miss my family, especially my mom. We used to gather at her home every Saturday. It's been 5 years since I last saw her. Sometimes when we talk on the phone, she says "we might not see each other again. It really hurts. I wish I can see my family again. I even tell my kids, this New Year will be good, we will see them again. That's why we loved this place. We feel like we are with our families.

The group functions as a surrogate, giving Rasha feelings of love and connection.

Gathering as a group also recaptured a sense of home in ways that were associated with status and feelings of safety, counterweights to the ongoing experience of marginalization as a refugee in Jordan. These were vital as study participants frequently described ongoing experiences of harassment and discrimination based on their refugee status. This included the profound difficulties of moving to a place where their identity was politicized and they were met

with fear and suspicion. Gathering as a group, therefore, was critical for reconnecting with a sense of their life and experience back home in ways that affirmed their dignity. Rashed, a 39-year-old father living in Jordan with his wife and children, discussed this in his interview.

Rashed: I felt so relieved. I felt like I was in Syria.

Interviewer: How is that?

Rashed: Because we all were Syrians, and we talked about what we've been through, our stories, and how we used to live happily in Syria. I mean we were remembering old days in Syria.

Interviewer: Was it the only place where you felt like you were in Syria?

Rashed: Yes, I felt like I was in Syria because we all were Syrians. Sometimes when you talk to a Jordanian, he talks to you arrogantly. If you had an argument with any of them, they'd say *I can move you out right now. I'm the son of this country, you are Syrian. We are all Arabs. I'm not an infidel. May Allah never make you see what we've seen in Syria*, I tell him.

Indeed, Syrian refugees in Jordan endured ongoing threats to identity, status, and daily survival. The urban context was unfamiliar for many and often furthered their sense of alienation and dislocation. The group, however, offered an alternative experience—the protected space of the group recreated aspects of home, where their stories were treated with care, a sense of dignity and meaning was reaffirmed. Balqees, the 54-year-old mother, described earlier this in her interview:

It's a shared place. If someone is late, we directly call her, *Where are you? Why are you late?* Our providers, they call us asking, *Why didn't you come yet?* It somehow gives a

> meaning of existence. I never get bored of coming here. I come here whether it's raining, snowing, I'll always come.

For Balqees, being known and seen in the group gives what she calls "meaning of existence." In this excerpt, she explains how this came to be in the group—the sense of belonging to the place, the expressions of support, and care between group members and the provider.

Wish the groups continue. The opportunities to recreate familiar spaces, share with one another family stories, and develop close relationships were powerful and therapeutic. Given the generative quality of the group, it is not surprising that many study participants missed the groups when they ended. Indeed, nearly all spoke of wanting the groups to continue. Ramiz, a 58-year-old father said, "I wish it never ends." Iman, a 40-year-old mother said, "I wish it lasted for more time." Huda, a 55-year-old mother said, "I wish to have all of this again." *Wish the groups continue* conveys the value and importance that was ascribed to the group by study participants. Many, like Ali, a 61-year-old widower and father, described how they came to value the group in this way over time. He said:

> I always say, I've come to the Center by force, and I left by force. I don't know if you got this, but it means when l came I didn't like it. When it's time to leave it, I didn't like to leave.

Ali's use of the word "force" shows how strongly he came to feel about the group, as well as its ending.

Rahaf was a 36-year-old mother who participated in groups in Zarqa with women from Syria. Similar to Ali, the value she ascribed to the group evolved over time. She explained:

> I mean when they told me about it in the first place, I didn't get its idea. So, to be honest, I thought about it more materially, that 4 JDs are good. Then, no. When things developed, I didn't want the 4 JDs in order to stay. When they were finished, I wished it could last longer, even if the 4 JDs were taken away.

During the intervention, Syrian men and women receive a weekly transportation allowance of four Jordanian *dinar* (JD; equivalent to approximately $5) so that they might participate in the groups. Public transportation in Jordan is not well-developed and it is expensive to travel across the city. As was the case for many, Rahaf described how the transportation money functioned as a compelling incentive. In many cases, study participants would find less expensive ways to travel to the Center and use part of the transportation allowance to meet basic needs. However, Rahaf described how her sense of the group's value evolved and the worth of social connection grew over time. At the end, she expressed her willingness to forgo the money in order to sustain the meetings and group relationships: "I wish it could last longer, even if the 4 JDs were taken away."

In the absence of regular group meetings, many study participants struggled to maintain connections with other members. This was the case for Mazen, a 60-year-old father who participated in groups in Amman with men from Syria and Iraq. Describing his situation after the groups ended, he said, "We all had something to do. I go to the hospital, they have work to do, and I lost their numbers." Study participants identified a number of different barriers to maintaining relationships with group members, primarily a lack of spaces to gather, shifting priorities, proximity, and transportation costs. Despite these barriers, study participants like Mazen carried strong memories of the group relationships. Mazen said:

> I remember the friendships and the humanity of the staff. When the group ended, I cried knowing that I will miss everybody there. We were seven Syrians and three Iraqis but we knew each other here and we become friends just after 12 or 10 sessions. When we finished with the group, we said goodbyes to each other and it was hard. We can't see each other now, the only way to communicate is by the phone. The group was so good.

Mazen's declaration, "I remember the friendships and the humanity" underscores how the group relationships remain present for him.

Despite the many barriers, some participants were able to sustain connection with group members. Several study participants developed a particularly close relationship with one or two group members and would continue to gather, even if not in person. WhatsApp, an online messaging platform, was the most common way group members stayed connected after the groups were over. Rahaf, a 36-year-old mother, described her WhatsApp group in her interview:

> For example, we arrange a time in the evening to talk in the group. Whoever is free participates in the conversation, *How are you*? *How's life with you?* I mean we talk to each other about food, visits, places that offer support for Syrians. You know. We talk about all of these things.

Later in the interview, Rahaf indicated that such exchanges occurred daily, a remarkable detail given that it had been approximately 11 months since she had completed the groups.

In the context of sustained relationships with group members, however, study participants still longed to gather again as a group. This was the case for Razan, a 60-year-old widow living in Jordan with her children. Like several study participants, she had developed a particularly close friendship with one group member, who she spoke to daily and saw frequently. She was

also in touch with some group members, though it was more sporadic and limited to online messaging. Yet, in her interview, she still longed to reconnect with her group. She explained:

> I wish these days would come back again, to gather again, and to be in contact longer inside the sessions. I mean we were in contact during the sessions, but when we finished we only talk on Whatsapp. I wish we could see each other more.

In this excerpt, Razan draws particular attention to the quality of being physically together with group members, "to be in contact," "inside the sessions," and "to see each other." She contrasts this with the quality of her relationships with group members via WhatsApp. This suggests that being together—in the same place at the same time—was a pivotal aspect of the group experience.

Part 2: Strengthening Family Resources

Thus far, this paper has demonstrated the value participants placed on the social resources gained through group processes, which were at the heart of the interdisciplinary group-based intervention. Facilitated by two core processes, group members developed close and caring relationships associated with a range of social-relational benefits. Group members internalized these experiences, and in some cases, relationships were sustained after the intervention and functioned as ongoing sources support. In almost all cases, the participants wished the groups would continue in order to maintain the social support of group members.

The second part of this paper presents findings relative to the ways group participation strengthened family resources.

Consistent with other studies, study participants described a number of ways in which war and forced migration strained their family relationships. Study participants described numerous changes in family roles, including single parenting, loss of provider role, children

assuming household duties, or economic responsibilities. Parents in this study described losses related to children's education, loss of traditional values, and safety issues for their children. Among spouses, changes in traditional gender roles, namely women assuming a greater role in the household, was often a source of ongoing tension. Many Syrian men and women described experiences of family violence, ongoing conflict, and a sense of disconnection from family members.

Syrian men and women repeatedly identified positive changes in family relationships after participating in the group. Two primary processes were derived from the data: recapturing a sense of hope and navigating changes in family roles.

Recapturing a sense of hope. Syrian men and women recaptured a sense of hope and future through the groups in ways that strengthened their family relationships. At the time of his interview, Ahmad, a 52-year-old father living in Jordan with his wife and two daughters, had been there for 5 years. He explained that he never thought they would stay so long and while he reflected on the extreme difficulty of living in this indeterminate state, he also spoke of the help provided by the group:

> We all had limited thinking, all we were thinking about is the situation of… (pause) Now we think about how to deal with things around us, our kids, our friends. Sometimes we were… When I was in Aleppo, I used to get mad easily, now I'm calmer, my interactions with my kids is smoother, especially with kids because you know they are so demanding. The only thing that we were thinking about was when will this end? When will we end? However, now, we're thinking about how to live, and how to raise our kids, how to continue living. This is the benefit I got. It was our place to breathe out.

The profound change he speaks of comes from being able to imagine a future for himself and his children. He connects his shift in perspective with this experience in the group—"it was our place to breathe out."

Beyond their immediate family situations, many Syrian men and women also described the ways the group helped them cope with other family stressors, including painful separations from family members. Amna, a 36-year-old mother originally from Daraa and living in Jordan with her husband and five children, was somber when describing the losses associated with being separated from her parents in Jordan and ongoing marital difficulties. The overwhelming stress, she explained, often manifested in shouting and being distant from her children. In her interview, she described developing close bonds with the providers and women in her group because, in her words, "We all have the same spirit." She experienced talking about her losses and learning ways to cope as "a huge relief." As she reflected on her experience in the group, she talked about crystalizing her priorities and being better able to cope with the ongoing uncertainty in her life.

> The benefit of the group for me would be the way I treat my children. They are the most valued people in my life now and forever. My children and my parents are very important to me. I used to phone my mother every day, and if there was a day we couldn't talk, I was getting crazy, crying all day and night, and I always thought that something bad happened for them, like they got killed or ISIS reached them. But after the sessions, I started to think differently, like they didn't get my call because there is no electricity, or their phones are off service.

The experience of recapturing a sense of hope and future was the culmination of many group experiences, including trusting and intimate relationships with group members. However, some study participants also described particular group exercises that were seminal in this

process. Farah, a 36-year-old mother from Homs, recalled the "river of life" exercise in her interview. This exercise occurs during the middle phase of the intervention, where group members symbolize their past, present, and future as a river, using images from nature to convey moments of beauty, ease, struggle, and trauma. The exercise is completed in small groups and the idea is that though the river encounters obstacles, it continues to flow. Farah remembered this in her interview, and claimed it as a metaphor for her life. She said, "We have the river, we draw a river as a new day, and my kids as a flower which stands for happiness. It was very beautiful." Grieving past experiences with group members, while also contextualizing them within a life history, was a powerful exercise for Farah and many study participants. Through this exercise, they were exposed to others with similar experiences and began to envision a future in ways they had not done since arriving in Jordan. For Farah, and many others, this was closely connected to sustaining a sense of hope for their children:

> They give us hope. They convinced us that there is a life here, and we should live it. Especially we as refugees, we should learn how to start again, to hold on, and do our best to live happy and strong. My son is in 10th grade and if he saw me crying, he will be confused, and he could not study. I think it's enough that he grew up away from home as a refugee from country to country, and he is a teenager. It's hard to deal with boys at that age. Sometimes he likes to sit alone, and other times I see him crying, and he starts questioning when are we going back? Other times he tells me that there is no life. Then, I tell him to hold on, and to be patient, maybe the next year we could be there, in our home. Inshallah.

For Farah, the group experience strengthened her family. The support that she gained from other group members and her providers helped her affirm that "we should learn to hold on,"

demonstrating how she used this to inspire a sense of hope for her son: "hold on… be patient." Her use of "Inshallah," if God wills it, conveys her culture and religion, her own hope for her future, and her dream to return home.

Navigating changes in family roles. As refugees in Jordan, the struggle for basic survival placed new demands on Syrian families and often resulted in major changes in family roles in order to adapt to dire circumstances. Both married and widowed Syrian women often assumed new levels of responsibility in their families, such as going out to access benefits through the refugee aid system. Iman, a 40-year-old widow described her new role as, "the mother and the father." In her interview, she described the radical shift from her life in Syria and struggles as a single parent in Jordan:

> I have three children and a home, so this really affected me. I am not used to going out to buy bread from the baker. Then, I came here and all at the sudden I have all this responsibility on me.

These changes represented a major shift in the way families were traditionally organized. Some Syrian women who were married described this as a source of conflict in their families. Farah, a 36-year-old mother from Homs described this in her interview:

> Basically, men do not like their women to go out of the home. Especially in Syria, men go to work and women stay at home and take care of it and their children, and we go to visit his family. This was the tradition in our family, we were made for family life. Maybe because in Syria we didn't have such programs but here, everything changed.

Syrian women in the study described the ways in which, through the groups, they became more confident, in ways that were recognized by their family members and helped them to claim their new family roles and responsibilities. Ibtisam, a 45-year-old widow, described it as a

"feeling that I have something more to give." She was living in Jordan with her brothers and their families. When they first arrived in Jordan, she and her children lived near her brothers and their families, in spite of not being treated well by them. She described gaining a sense of confidence in herself and her abilities through the group:

> When I came here to participate, I became more courageous to go out. That all gave me some strength and I started to think… (Pause) Yes, I've changed. I used to agree when they (referring to family members) say, *stay around us*. But all this changed when I started to go out of the house. I looked for a house by myself, moved by myself without even telling them, and signed the contract without telling them. I used to be afraid and stressed, avoid people, and I didn't like getting along with them. However, when I started to go out, saw the world, and sat with the group, I became open and got much better.

As Ibtisam describes, the act of coming to the group opened up new possibilities. It is as though this first important step of independence set the stage for greater self-empowerment as she received encouragement for group members and providers to do so. This culminated in a highly courageous act of moving away from her brothers, a significant gesture coming from her traditional Syrian community. Yet, she viewed it as a necessary part of claiming her role in this new context.

Like Ibtisam, several other women in the study spoke of how taking the step to independently participate in the group helped them gain a greater sense of confidence and independence. Azhar, a 36-year-old mother living with her husband and young children, described this in her interview: "The first thing for me was the transportation," she said, "I couldn't ride the bus alone but this Center encouraged me. The second thing is that when they talk, they emphasize self-confidence."

Indeed, the intervention integrates a strengths-based orientation, as throughout the group process, providers encourage participants to connect with their innate strengths. This was important for women in the study, given their new roles and expectations within their families and the encouragement they received from other group members to do so. Sajeda, a 44-year-old mother, described that before joining the group, she spent most of her time at her apartment caring for her sick husband. However, she lived near the Center and had heard about it from some neighbors, which piqued her interest in joining. In the group, she felt comfortable with the other women from Syria and Iraq, and these relationships inspired a sense of confidence that generalized to other social domains:

> I used to stay at home. I was shy. I didn't even go to my parent's house. I only was visiting them once a month. I always was at my house. But when I was with them in the group, I felt very comfortable. I was afraid of going out or talking to anyone, but now I am different. I feel comfortable. I am not afraid. I can go anywhere. It is very good. I can go with you anywhere you want. Now, my sons say to me, "you changed, what happened!" (Before) I was afraid. Even if I want to visit my parents, I need someone to go with me. We were like this with my father. He used to take me to the school, he was always worried about us so we were like him.

Sajeda's description of having a protective father to accompany her conveys a sense of her life as a child, and may even be a metaphor for the sense of safety and security of her life before the war. Like many in the study, she felt deeply afraid as a result of her experiences and the uncertain conditions of her life in Jordan. Yet, through her experiences in the group, she developed a sense of comfort and confidence in ways that were immediately apparent to her family. As her sons say, "you've changed!"

Living as a refugee in Jordan also shifted men's roles in significant ways. With limited opportunities for work, most lost their role as primary family provider. This was often painful for Syrian men. While women described the group as an incremental step toward greater independence, for men, adapting to their new role seemed to evolve through grieving the past with other men in the group. Zakarya, a 52-year-old father living with his wife, children, and mother in Jordan, described significant changes between his daily life in Syria and now:

> In Syria, I used to work all day and not sit with them until night. I saw them for an hour at night, and met their needs. However now, you're sitting with them all the time, watching their fights (laughs). You are nervous all the time, *Why did you hit him? Why don't you study*? I also help my wife, may Allah help her with the kids. She's always trying to meet their needs. So, yes I'm with them 24 hours.

When Zakarya says that in Syria, "I met their needs," he is referring to financial needs and providing for the family. Now, he describes a different family role where he is intimately involved in the day-to-day life of his children. At the very end, he says, "may Allah help her with the kids," a common expression rooting him to his cultural identity and conveying gratitude for his wife. Toward the end of the interview, he also reflected on how the group helped him to come to accept these significant changes:

> I mean we all have lived the same tragedy, we are all the same. We all have left our families, homes, and money behind us, and run out to Jordan without anything but the clothes we wear. I've learned that people should understand all the situations he lives in and forget about the past. We should not think about the past or our pain. We should think more about something new, like your future.

Zakarya feels a sense of connection and commonality with his group members because, “we all lived the same tragedy”—“we all left home and money behind us.” Through the group, and group relationships, he describes a shift in perspective that involves letting go of past pain and thinking about “something new.”

Ramiz, a 54-year-old father living in Jordan with his wife and married children, also reflected on losses in his interview. He said that when he first arrived in Jordan, and before the groups, he was “in a deplorable state” where family relationships had deteriorated in Jordan:

> I was so tired, I was so exhausted. My children didn’t visit me because I hit the children all the time. I couldn’t bear my wife, I was hitting her too. I was crazy, craziness all the time. I mean I was crazy because, I left everything and I was new here. I couldn’t deal with outside people, they weren’t like me.

In this description, Ramiz illustrates the ways that the devastating losses and corresponding sense of dislocation manifested as anger and violence. Whereas he felt lost and out of place in Jordan, he described a sense of belonging in the group: “I came here to find people who understand me, they know your situation, your feeling and the exercises made a huge difference.” In the group, he was able to share some of his greatest challenges and developed a close relationship with other men whom he still talks to daily. He connects the sense of being understood, the group relationships and the group exercises as integrated elements of his group experience. Since the group ended, he described practicing the exercises and walking on a regular basis with his friend, and identified major improvements in his relationship with his wife and family: “Wallah, there’s a lot of changes, thanks Allah. My relationship with my wife. I mean everything. I became less irritable. Things and relationships at home improved so much.”

Discussion

This study sought to understand the nature and quality of relationships in an interdisciplinary group-based intervention, including the group processes that facilitate social connection, from the perspective of Syrian refugees in Jordan. From the analysis, it was found that close, caring relationships emerged. These were facilitated by two primary group processes: *sharing problems eases pain* and *recreating social spaces*. Both group processes were imbued with cultural meaning and the group relationships functioned as an important lever for other therapeutic benefits, especially gaining a sense of hope, meaning, and strengthening family relationships. Beginning with findings related to group relationships, I examine these findings in more depth to explore theoretical and methodological implications for research and practice.

Group models for trauma survivors describe the ways in which appropriately-timed narrative elements in groups, referring to discussion of traumatic memories and experiences, can facilitate relationships (Herman, 1992). Consistent with such models and empirical studies of group cohesion, this study found that sharing pain and problems facilitated social connection (Burlingame et al., 2001). Participants described the ways that sharing their own problems in the group broke through their sense of isolation and galvanized support from other group members. Hearing others' experiences in the group led to a sense of solidarity and helped provide perspective on participants' own problems.

The interdisciplinary nature of the intervention focused on both physical and emotional pain. This is a unique dimension of the intervention, as each component contributed to the development of group bonds in different but complimentary ways. Such findings contribute to the empirical literature on interdisciplinary interventions, which has been limited to date (Slobodin & de Jong, 2015a). Moreover, it was found that while participants shared past pain

during the intervention, it was not limited to this—group members also shared "struggles" and "troubles" with each other. As one participant put it, "we shared our lives." These findings, therefore, point to a more expansive notion of narrative that includes past, present, and future problems as well as emotional and physical experiences.

These findings differ from much of the current evidence on narrative-based interventions for survivors of war and forced migration, given their focus on key ingredients and its effects. Such interventions are typically framed through a lens of exposure (Robjant & Fazel, 2010). From such a point of view, the benefits associated with narrating past experiences are cognitive and behavioral in nature, resulting from extinction learning, altering appraisals of threat, and overcoming avoidant behavior (Nickerson, Bryant, Silove, & Steel, 2011). In the context of group-based interventions, this theory of change does not sufficiently account for the *groupness* of the intervention. Participants in this study primarily described the relational function of sharing their pain with others. This experience facilitated closeness and a sense of support in ways that generated hope and meaning. These findings draw on the conceptual and practice literature on groups and narrative traditions (Herman, 1992; White, White, Wijaya, & Epston, 1990), and provide empirical evidence that advances understanding of the ways that narrative, both planned for and spontaneous, facilitates group relationships and healing (Pérez-Sales, 2017).

As has been suggested in clinical case studies, gathering as a group has been found to recapture a sense of place and self, even if temporarily (Akinsulure-Smith, 2012; Tucker & Price, 2007). In this study, meeting in groups with those of a similar age and the same gender recreated familiar socialization experiences, reflecting the religious and cultural context in Syria, and contributed to group members developing a family-like relationship. The group space

offered a counter to the ongoing experiences of oppression and marginalization based on the refugee status of participants.

Scholars working with marginalized youth in the U.S. have characterized such places as a *counterspace*, or "a setting that promotes wellbeing by interrupting daily experiences of stigma based on one's identity" (Havlicek & Samuels, 2018, p. 273). Similar ideas emphasizing the importance of integrating the broader social-political context when envisioning interventions for survivors of war and forced migration have been described in the global mental health literature (Kira et al., 2012). By directly or indirectly addressing collective traumas resulting from oppression and discrimination, group members can be expected to reclaim a sense of identity that is constantly threatened in the external environment (Kira et al., 2012). As described in this study, such experiences not only promoted a sense of well-being, but also gave what one participant called "a meaning of existence."

Strengthening Families

From this study, it was also found that group processes facilitated changes in relationships beyond the intervention, particularly within close, intimate family relationships. This is an interesting finding. Though conversations about families naturally emerged in the groups, strengthening family relationships, per se, was not an explicit goal of the intervention. Systems theories offer a way to contextualize these findings. Through a family systems lens, for example, the family is seen as a system of interacting parts, where change in any part can affect the functioning of the whole (Walsh, 2015). Ecological frameworks have been increasingly emphasized for intervention development with conflict-affected families. Such frameworks focus on the ways in which strengthening resources at any level of the social ecology has the potential to improve family functioning (Betancourt, Meyers-Ohki, Charrow, & Tol, 2013).

Relational elements of the group, particularly close relationships with group members, were important elements of family strengthening processes. Such findings are consistent with the extensive psychotherapy literature linking therapeutic alliance and group cohesion with treatment outcomes (Burlingame et al., 2018; Norcross, 2011), including emerging research in this area particular to survivors of war and forced migration (Vincent, Jenkins, Larkin, & Clohessy, 2013). However, these findings add to the literature by exploring connections between group relationships other social resources. Hope was identified as an important linking element in this process. Relationships with group members generated a sense of hope and meaning, and hope in the group was linked to hope for one's children, family, and future. Hope has been identified as an "essential element" in interventions for survivors of mass violence (Hobfoll et al., 2007), and this study offers insight into processes which generate that development of hope in ways that may inform future intervention development.

While both men and women utilized the groups to navigate changes in their family roles and identities, differences were also observed by gender. Women described the group and group relationships as a way to gain incremental confidence in assuming new family identities and roles, whereas men used the group to grieve the loss of previous roles and move toward an acceptance of new forms of family contributions. Findings from this study thus demonstrate that the group intervention aided Syrian men and women in constructing their new identifies and lives with great courage.

Implications

The findings from this study have implications for practice with Syrian refugees in particular, and mental health delivery in the context of humanitarian work more broadly. As has been discussed at length, the study found that relationships between group members played a

critical role in the intervention and were connected to a cascading set of social-relational benefits. Such findings underscore the importance of focusing interventions to address group process as a central intervention component, and as such have implications for intervention development and training of providers. This includes broad training on group-based models, theory of change relative to group interventions, and group facilitation skills.

The circumstances of being a refugee include losses of space and sense of place, as well as having to take on a politicized identity. Ten weeks is a short period of time to observe such bonding between group members, and is likely needed for much longer to sustain benefits. In this study, participants internalized the group experience, missed it in an ongoing way, and wished to continue meeting. Interestingly, this was found among study participants who had sustained contact with group members as well as those who had limited or no ongoing contact with group members after the intervention. Such findings convey the value and importance of the group experience and raise questions about how to attend more carefully to issues of space and place in intervention work. This includes the need to sustain such spaces for refugees who are living in contexts of continual stress.

In addition to the ongoing need for specialized mental health services, future intervention development focused on community-based approaches that aim to strengthen social connections must be prioritized. Ecological public health frameworks used to address health disparities among high-need, urban communities in the U.S. may be useful for developing such models. This framework emphasizes the importance of embedding services within natural settings and utilizing and strengthening available community resources (Atkins, Rusch, Mehta, & Lakind, 2016). Similar task-shifting strategies are used widely in global mental health contexts and have been found to be an effective implementation strategy, particularly for delivering specialized

mental health interventions (Bass et al., 2013; Bolton, Bass, et al., 2014; Bolton, Lee, et al., 2014; World Health Organization, 2008). A meaningful starting point for intervention development includes inquiring about opportunities and resources which may exist at the community level to address long-term needs. Future research priorities also must include partnering with existing programs to evaluate psychosocial models used in humanitarian settings. Such programs frequently aim to strengthen protective factors and community resources; however, there has been limited evaluation of these models to date (Lee et al., 2018).

Consistent with other research, participants in this study identified family relationships as a pivotal network for support and belonging (Nickerson et al., 2011). While family relationships were enduring sites of meaning and support, this study also found that war and forced migration created tension and difficulty within families. These findings are consistent with previous research with refugee families (Drožđek & Silove, 2019; Karageorge et al., 2018; Weine et al., 2008), including a recent study with Syrian families (McNatt et al., 2018). Given the importance of family in Syrian society and the role families play in coping with stress and adversity (Nickerson et al., 2011), this study joins other scholarships in drawing attention to the need to understand and support families in displacement. This includes investigation into a range of interventions that can strengthen families (Slobodin & de Jong, 2015b). Multiple family groups are recommended to support the numerous challenges that families face in the context of forced migration (Weine et al., 2003; Weine et al., 2005; Weine et al., 2008). Yet, not unlike the group treatment literature, the evidence for such interventions is limited (Betancourt et al., 2013) and existing interventions have been primarily studied in terms of mental health outcomes. Findings from this study indicate a need to expand the focus and enable an understanding of how such

interventions may strengthen social resources within families in addition to psychological resources.

Findings from this study also have implications for research. This study was motivated by gaps in the literature, particularly in exploring the role of group relationships as an important mechanism of change in group-based interventions. The methods used to address this gap highlight the importance of qualitative, process-focused research which seeks to identify culture and context-specific therapeutic elements when attempting to understand such dynamics. By highlighting the point of view of Syrian refugees and through close attention to language, the study found that the ways in which participants understood and interpreted their experiences are embedded in culture. Developing culturally-specific interventions based on indigenous understandings is a priority for global mental health (Crumlish & O'Rourke, 2010; Drožđek & Silove, 2019), and this study offers initial insights about intervention components that can facilitate meaning engagement for Syrian refugees.

The findings indicate that intimacy in relationships plays an important role in overall treatment, contributing to sustained connection with group members and strengthening family relationships. Though the goal of this study was not to isolate the relational from other intervention components, future research can pursue such questions and examine how distinct elements contribute to various outcomes. Furthermore, these findings emerged in the context of a trauma-focused, narrative-based group treatment. It will be important to pursue these initial findings and ask under what other conditions they may arise. This includes other forms of group-based treatment used in refugee mental health and diverse contexts where Syrian refugees are living—including refugee camps and countries of permanent resettlement.

Limitations

It is important to note several limitations associated with this study. First, the conclusions about the nature and quality of relationships and group processes are based on the perspectives of Syrian refugees who participated in different groups in the neighboring country of Jordan. While this sampling strategy allowed for exploration into salient themes across groups, additional research focused on interviewing multiple or all members of the same group can enhance understanding of these group processes. Second, the point-in-time nature of the interviews presents only a snapshot of the Syrian men and women's experiences in the groups. Longitudinal designs conducted over the course of the 10-week intervention will also allow for more nuanced understanding about how social relationships evolve in such a short time frame.

Lastly, there are numerous challenges associated with cross-cultural research. The study is naturally limited by the principal investigator's (MB) lack of Arabic skills. As described in the analysis section, interviews were conducted in Arabic to allow for expression of ideas in participants' native language. While such a decision naturally led to other tradeoffs, maintaining interview data in the original language was considered essential to the overall integrity of the findings. As described, particular caution and care was taken during transcription and translation to fully consider challenges conveying meaning, between English and Arabic as well as Standard Amiyah and the Syrian dialect. Furthermore, a decision was made to use research assistants for this process rather than a transcription service in order to allow for such conversations and an iterative process. The process evolved over the course of many months. Audits of the translations were conducted by a lead research assistant and discrepancies were discussed throughout the process. While resources did not permit extensive analysis of the Arabic transcripts, the analysis including coding in Arabic related to the identified themes to increase the credibility of findings.

And yet, in spite of these steps, meanings may have been lost or compromised through translation processes or compromised though analysis (Larkin, Dierckx de Casterlé, & Schotsmans, 2007).

Conclusion

This exploratory empirical study is one of a few focused on group treatment for survivors of war and forced migration, and among the first to uncover underlying social-relational processes and experiences. The findings indicate that the development of relationships between group members functions as an important therapeutic ingredient and may relate to a broad range of social-relational benefits. Building on this study, future research can focus on other aspects of group cohesion, including the nature and quality of the client-provider relationship. Taken together, such research can inform mental health and psychosocial interventions with Syrian refugees and advance understanding of social-relational processes and how they may contribute to client change.

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Chapter 4: Conclusion

Conclusion

The findings presented in this dissertation strengthen understanding of the social-relational losses resulting from war and forced migration, the role of relationships in healing, and the promise of group-based treatment as a way of fostering social relationships. In this conclusion, I focus on the implications of these findings for social work practice and the field of global mental health. I also discuss overarching implications for global mental health research and policy for Syrian refugees, and survivors of war and forced migration more broadly.

Practice

In this study, I found that Syrian refugees experience a range of social-relational losses following war and forced migration. I also found that close, caring relationships developed in the context of the group and were perceived to be associated with a cascading set of social-relational benefits. I view these findings as providing empirical evidence about certain aspects of practice that are well known to seasoned practitioners working with survivors of war and forced migration. To that end, these findings can be used to further invigorate relationally-based approaches with diverse populations experiencing war, political terror, and forced migration and encourage service providers to continue to insist upon an approach to care that attends to the social-relational dimensions of experiences.

The study suggests that there are unique social-relational benefits associated with group-based treatment. Practitioners and organizations providing services to survivors of war and forced migration are therefore encouraged to integrate group-based modalities into their service models. Furthermore, the practice literature specific to survivors of war and forced migration has varied in terms of the characteristics which are considered optimal for group functioning (e.g., gender, ethnicity, country of origin, and political affiliation; Bunn, Goesel, Kinet, & Ray, 2016)

Findings from this study offer guidance related to these decisions, especially cultural considerations that were found important for group functioning.

For Syrian refugees, the same gender and age compositions appeared to create a sense of cultural and religious familiarity and set the stage for close group relationships. Related to gender, some of the findings also indicated that men and women's ability to sustain benefits may be distinct. In paper two, I indicated that, though not universally observed, women who participated in the groups in Zarqa sustained more robust relationships with group members after the intervention, compared to men in the sample and study participants who received services in Amman. In the Center for Victims of Torture intervention, practitioners routinely encouraged group members to share contact information and maintain connections after the interventions. While such encouragements likely set the stage for sustaining group relationships, additional steps may be needed. In this intervention, for example, a useful addition could include focusing explicitly on group relationships as a topic of discussion, gauging participants' desire to maintain relationships, discussing possible barriers, and brainstorming ways to overcome such obstacles. Sensitized to the importance of social connection, assessments with Syrian refugees need to integrate a focus on social-relational losses, understanding client's goals relative to forming relationships.

While gender and age appeared important to the overall group experience, nationality appeared to play less of a role within the groups. Close relationships developed in groups that were majority Syrian as well as those that were more heterogeneous in terms of country of origin (e.g., Syrian, Iraqi, and Sudanese). More so than nationality, participants overwhelmingly emphasized the ways that shared life experiences provided a basis for relating and connecting.

Such findings can be used in social work practice and global mental health work with Syrian refugees to tailor interventions in ways that optimize the group experience.

Findings from this study underscore the importance to utilizing a family systems lens when working with Syrian refugees. Both papers highlight the importance of family among Syrian refugees. This includes the central role of family identity, the ways in which the family is often a source of strain and tension, and its function as the primary context for support and meaning. As such, it is recommended that practitioners integrate family systems approaches and engage in training on cultural considerations for practice with Syrian refugees. Even in cases where the services are not family-based, providers can bring a family-centered perspective (Walsh, 2015). This includes familiarity with the sociocentric and cosmocentric view of self, as well as consideration of the ways that such a view of self will shape experiences and inform treatment participation. Particular to Syrian refugees, such a perspective must be rooted in a definition of family that includes extended kin, family in other locations, as well as loved ones who have died or gone missing. General strategies for integrating a family-centered approach includes inquiring about family, faith, and religion in routine assessment and clinical encounters. Findings from this study suggest that Syrian refugee families may require support related to navigating changes in family roles and identities and coping with ongoing family separation.

Using a family systems approach also includes becoming familiar with the theory of ambiguous loss and its application for practice with refugees. Different from other constructs traditionally used in work with refugees, ambiguous loss offers a way to understand the less visible, continuous, social-relational and cultural losses that are so common for refugees. In integrating an ambiguous loss framework, practitioners can bring needed attention to the more subtle and indeterminate losses which function as forms of trauma but which may be otherwise

overlooked. Using this language in practice can validate and normalize the experiences of refugees and their families. In terms of interventions, the emphasis is on learning to cope despite uncertainty, making meaning, and continuing to live in spite of such open-ended sources of distress. Given that ambiguous loss is viewed as a relational phenomenon which severs human connections, family-, group- and community-based models are prioritized over individual models. As such, practitioners working with refugee families are encouraged to gain familiarity with a range of different types of interventions and family and group facilitation skills as part of an overarching set of practice skills.

The findings from this study also have implications for organizations working in with refugees across the migration continuum. In paper two, I described the burden of having to retell one's story for the purpose of accessing aid and the ways in which such processes were experienced as insensitive and re-traumatizing. Such findings draw attention to the need for care and caution when inquiring into the life experiences of refugees and the need for basic training on trauma-informed interviewing techniques.

The findings from paper two also suggest that the organizational milieu, especially providing open spaces for client, should be considered as an important part of overall service provision. In paper one, study participants identified loss of spaces to convene and gather. However, in paper two, study participants described using the clinic as a convening space, arriving early for their group sessions to talk with group members in ways that enhanced group relationships. Organizations are encouraged to recognize the ways in which refugees have lost their public square and, to the extent possible, have flexible spaces available for clients. Furthermore, organizations are encouraged to account for the therapeutic impact of the milieu, in combination with particular interventions, when evaluating services. While these

recommendations emerged in the context of displacement, such recommendations are equally relevant for refugee resettlement agencies working in countries of permanent resettlement.

Research

This dissertation is one of a limited number of studies that has examined the social losses of refugees in the context of displacement and the first to focus on underlying social-relational processes and experiences in group-based treatment. Given this, findings suggest that this is an area that is ripe for further investigation.

Moving forward, this study argues for a more comprehensive approach to research on the effects of war and forced migration. This includes expanding beyond an exclusive focus on mental health to also incorporate a focus on the social domain. This particular study found that ambiguous loss enhanced understanding of losses which were social, cultural, religious, and identity-based. Given that this is the first known study to use this theory to guide research in the context of displacement, additional investigation into the nature of ambiguous losses among refugees in humanitarian contexts is needed. Such research will compliment other areas of trauma research, particularly in terms of bridging individual models with trauma models that are systems-based (Boss, 2006).

Taking a more comprehensive approach to refugee mental health research also includes moving beyond an exclusive focus on past trauma to investigate ways that the displacement environment generates powerful, ongoing psychosocial stressors (Miller & Rasmussen, 2017; Silove, 2013). Such recommendations are not new and are drawn from social-ecological frameworks increasingly emphasized for work with survivors of war and forced migration (Silove, Ventevogel, & Rees, 2017). Findings from this study indicate that issues of discrimination and xenophobia are critical areas for future research and response in the field of

ecologically-oriented research. In this study, such experiences furthered Syrian men and women's sense of marginalization and contributed to ongoing fear and insecurity. This is a priority area for global mental health research moving forward and an area that seems particularly ripe for leadership among social work scholars. Ecological models have guided social work research and practice since its origin (Bunn & Marsh, 2019). Furthermore, the field of social work is uniquely equipped to address questions related to the ways in which intersecting systems of oppression shape the lives of marginalized communities.

In terms of intervention research, this is a need to expand the current scope of intervention research with refugees in humanitarian contexts. This includes additional investigation in group-based models for survivors of war and forced migration. As part of this research, this study argues for investigation into the role of relationships as a central change mechanism. The findings from this study found that group relationships were at the heart of the intervention. Yet, these findings were observed in the context of a narrative-based, trauma-focused group. It will be important to pursue these initial findings, asking under other group conditions in which they may emerge.

While a mixture of methods will be needed to fully address the current gaps in the group treatment literature, findings from this study highlight the particular value of qualitative approaches to intervention science in global contexts. The qualitative design enabled the discovery of the salience of social-relational factors in group-based treatment and captured the depth of the experiences of refugees, in ways that are deeply informative for practice and future research.

The study also raised interesting findings in terms of how group-based treatment may uniquely contribute to gains in social resources. Additional research and research designs will be

useful to pursue these questions further, particularly those that allow for comparison of social resources resulting from individual and group-based interventions and between diverse group models. The development of culturally-specific group process and social resource measures will be an essential component of such research, one that can have implications beyond the particular location in Jordan and be applied to research with Syrian refugees in other locations.

Policy

This study also has implications for policy at multiple levels. As described in the first paper, findings indicate that core aspects of the refugee experience, including family separation, inconsistent benefits, aspects of urban living, and housing, were primary contributors to Syrian refugees' distress. This raises questions about re-envisioning work with urban refugees and thinking in more innovative and systemic ways to prevent some of these negative consequences.

To this end, a recent report from the Urban Institute argues for the need to think beyond the person-based approach which has historically guided humanitarian work. Such an approach has focused on the provision of individual legal protections and individual benefits (Landau, Wanjiku-Kihato, Misago, & Edwards, 2016). While such protections are essential for refugees and must be maintained, this report simultaneously recommends the need for a more place-based approach that takes account of the broader urban context where refugees increasingly reside.

Findings from my study suggest that such a place-based approach must also include attention to how one may reimagine the public square for Syrian refugees and create spaces for connecting, socializing, and reestablishing a sense of place in the context of displacement. An overarching theme of the study relates to the loss of social spaces and the ways in which social-relational resources are inextricably linked to physical and metaphorical sense of place. The findings from paper two, for example, indicate that the group provided a pivotal space for

socialization in ways that were otherwise unavailable in their environment. After the group ended, study participants wished to continue meeting in the groups. In that paper, I argue these findings suggest the need to sustain such services and spaces, and suggest drawing on community-based, ecological models as a way to transition to a low-cost, community-embedded model of care. Embracing this broader notion of a place-based approach to urban refugees can inspire other possibilities as well as new potential for synergy and collaboration.

One such possibility involves integrating a place-making philosophy from urban design into work with refugees. Place-making is a collaborative approach whereby communities work with urban designers, planners, and builders to prioritize and envision public spaces for their communities (Thomas, 2016). Such collaborative processes are intended to bring communities together in a common process, and the development of common space is theorized to improve social networks and relationships in communities. Though not described as such, a discernable trend in work with immigrant and refugee communities focuses on the creation of real and metaphorical spaces, such as through urban gardening initiatives, cooking groups, and income-generation projects. Such models have not been well-researched to date, though may provide a needed "counterspace" and avenue for addressing needs related to space and place while simultaneously advancing livelihood, mental health, and social relationships (Hartwig & Mason, 2016; Ibrahim, Honein-AbouHaidar, & Jomaa, 2019; Sternberg, 2009).

The findings from this study also have implications for immigration policy more broadly. While refugees historically remain stateless for prolonged periods before official resettlement, it is important to situate this study within this particular moment in history, especially as it relates to restrictive policies toward immigrants and refugees and when totals for refugee resettlement are at an all-time low (Pierce & Meissner, 2017). Data collection for this project coincided with

the U.S. refugee ban, preventing Syrians from seeking permanent resettlement in the U.S., and similar restriction migration policies have also been implemented across Europe (Pierce & Meissner, 2017). As demonstrated in paper one, such restrictive policies function to prolong the indeterminate status of Syrian men and women's lives in ways that exacerbate vulnerability and contribute to a chronic condition of uncertainty about one's life and future. Put simply, this is not acceptable. Political action is required to advocate for the safety and protection needs of refugees, ensuring a path for permanent resettlement.

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Appendix A: Interview Protocol English Version

Semi-Structured Interview Guide, Syrian Refugees

PART 1: Social Relationships

SCRIPT: Thank you for meeting with me today. The interview will last one to one and half hours. As we just talked about, we are interested to learn more about your relationships, what it was like to be part of the groups at CVT and how your relationships with others have changed you. This information is important because it will help researchers and organizations like CVT know how to better help men and women, like you, who are from Syria.

Before we talk about your experience in the group, I want to ask you some general questions about your relationships now. To start, would like you to tell me a bit about the people that are important in your life **now**. This would include people that you feel very close to and who it would be difficult to imagine your life without.

Q1: Who are the people in your life who support you or are important to you?

Q2: What makes these relationships important to you?

- What kind of things do you do with these individuals?
- How do they help you?
- How do **you** help them?
- Are there things about these relationships that are difficult or challenging?

Q3: Are any of the people you mentioned, people that you met in the groups at CVT? Can you tell me about those relationships?

AREAS FOR POSSIBLE FOLLOW UP:

- How often do you see these people?
- What do you do with them?
- How do they help you?
- How do you help them?
- Are there things about these relationships that are difficult or challenging?

Q4: You just told me about people in your life that support you and are important to you **now**. What about before you came to Jordan and before the war began in Syria, who were the people who were most important to you to you at that time? How were your social relationships different?

Q5: Thinking more generally about your relationships or people in your family or community, would you say that social relationships been affected by the war? How so?

AREAS FOR FOLLOW-UP:

- How have relationships with family members been affected?
- How have your relationships with friends or community members been affected?
- Relationships based on sect, religion or nationality?
- Are there difference in how relationships have been affected for men versus women? Based on age? Based on religion?
- How has living in Jordan affected your social relationships?

Q7: What parts of their relationships do you think that people in your community miss the most?

Q8: What do people in your community hope for their relationships now?

PART 2: EXPERIENCES IN GROUPS AT CVT

SCRIPT: Now, I want to change the topic of our conversation a little bit and ask you about your experiences participating in the groups at CVT.

Q1: Can you tell me a little bit about what got you into the groups at CVT?

FOLLOW UP PROBES 2b:

- What was it like being in the group counseling?
- Was it what you expected?
- Had you ever participated in a group like that before? If so, what kind of groups?
- What was it like being in the group physiotherapy
- Was it what you expected?
- Had you ever participated in a group like that before? If so, what kind of groups?

- What were the differences of participating in the two groups?
- How were they also similar?
- Was it easier/harder to participate in one of the groups? In what ways?

Q4: What was the composition of the groups you were in?

AREAS TO KEEP IN MIND

- Country of origin
- Religious identity
- Life experiences
- Age

Q5: How was it to be in with that group with people that were different from you in certain ways?

Q6: How was it to be with people in the group that were similar to you?

SCRIPT: Now we would like to hear more about the kinds of relationships that you developed in the group and the ways that you interacted with other group members.

Q7: You said there were about 10 people in the group. Did you know any of the group members before you joined the group?

Q8: Can you tell me about the relationships you developed in the groups?

Q9: Did you ever support each other in the group? Can you give me a sense of the ways that you supported each other in the group?

AREAS FOR POSSIBLE FOLLOW UP

- Receive material things you needed from group members
- Receive encouragement, feel cared, etc.
- Receive information that was important to you
- Receive help solving a problem from other group members?
- Learn new skills or information that helped you?
- Was the support you received in the two groups different? How so?
- Thinking about all of the different kinds of ways that you supported each other, was there one that you appreciated the most? Needed the most?

Q9: Did you ever provide help to another group member?

POSSIBLE FOLLOW UP

- Can you give me an example?
- What was that like to provide help to the others?

Q10: What about outside the group, did you stay in touch outside the group? How so?

FOLLOW UP AREAS

- Did you use whatsapp or others means to stay in touch with each other during the group? What were those ways?
- Do you still use those things to stay in touch with group members?
- (If yes), How often?
- What did you stay in touch for?
- If no, when did you stop being in touch with the group? What prompted you to stop?

Q11: What do you remember about the group now? How do you think about your group relationships?

PART 3: RELATIONSHIPS AFTER GROUPS AT CVT

SCRIPT: Thank you for telling me about your experiences in the groups at CVT. In this last part of our interview, I want to ask you a few more questions about your life now and especially about your relationships now.

Q1: Okay, I would like you to think back to the time BEFORE you came to CVT and were part of the groups. How were things going at that time? Were there any concerns you had at that time? How were your social relationships at that time?

AREAS FOR FOLLOW UP:

- Family relationships?
- What about relationships other than your family?
- What about your relationships with people in your community?
- Between sects?
- What about your ability to find help? Find work?

Q2: What about now? How are things going now? How about your social relationships now?

AREAS FOR FOLLOW UP:

- Family relationships?
- What about relationships other than your family?
- What about your relationships with people in your community?
- Between sects?
- What about your ability to find help? Find work?

AREAS FOR FOLLOW UP:
What do you think accounts for these changes?
What do you think accounts for things staying the same?

SCRIPT: I want to thank you again for participating in this research project that the University of Chicago is organizing. Your ideas and experiences will be very helpful as we try to understand the experiences and relationships of Syrian refugees.

Appendix B: Group Counseling Manual

The CENTER for VICTIMS of TORTURE
Restoring the Dignity of the Human Spirit

2016

Restoring Hope and Dignity: Manual for Group Counseling Center for Victims of Torture

The Power of Group, CVT

Acknowledgements

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The CENTER for VICTIMS of TORTURE
Restoring the Dignity of the Human Spirit

Table of Contents

Preface

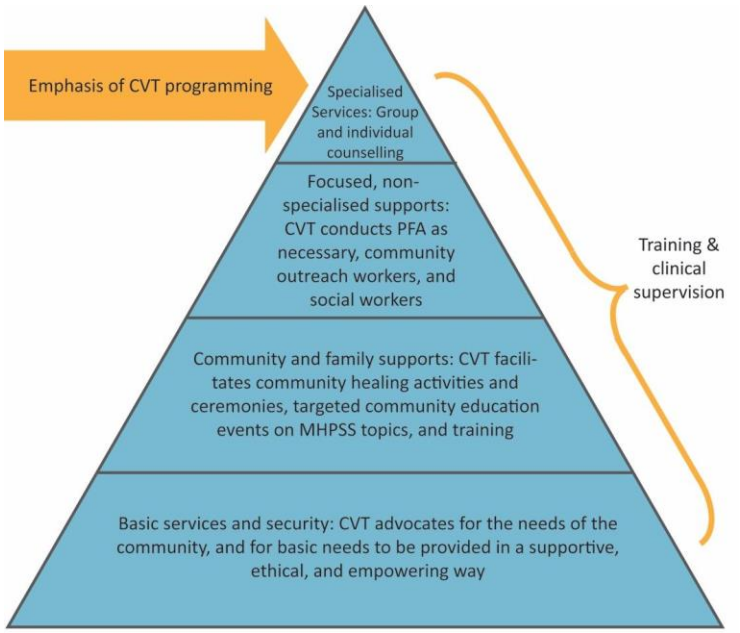
The Center for Victims of Torture™ (CVT) provides rehabilitation services for survivors of human rights violations caused by torture, war and violence. This manual focuses on the mental health area of our services, but we also offer physiotherapy, social work and psychiatry services through some of our international programs. Mental health needs are one of the greatest contributors to the global burden of disease, and the need for mental health care increases significantly in situations of extreme stress. Specifically, victims of torture, war and other human rights violations are left to bear the emotional wounds in humanitarian emergencies, often with negative consequences for their lives, their families and their communities. The Center for Victims of Torture stands with these survivors, providing therapeutic mental health interventions to make it possible for these individuals to reclaim their lives.

CVT provides a variety of mental health and psychosocial interventions, training, and capacity building in affected communities worldwide. This manual focuses specifically on CVT's group counseling intervention, and it was developed based on CVT's 15 years of group counseling experience around the world, as well as an in-depth participatory review from clients and field counselors, research and literature on evidence-based practices, and collaborative writing from current CVT experts in the field.

The CVT Group Counseling Model

The CVT group counseling model is intended for use in humanitarian or low-resourced settings with individuals who are experiencing marked distress and reduced daily functioning due to having experienced extreme stress related to war, torture or human rights violations. The specialized therapeutic intervention outlined in this manual is a 10-session group counseling model that should be delivered by trained local counselors who are receiving ongoing clinical supervision and training.

This is an integrative group counseling intervention, combining effective, evidence-based therapeutic components from several therapeutic approaches. Based on Judith Herman's stages of trauma recovery, the intervention follows the arc of the tri-phasic model: 1) safety and stabilization, 2) remembrance and mourning and 3) reconnection to self and others. It includes techniques from cognitive behavioral theory, narrative exposure therapy, somatic psychology, interpersonal therapy, neuroscience, resilience- and strength-based approaches, and CVT's own extensive experience. From these theoretical underpinnings, effective, evidence-based components, such as psycho-education, behavioral activation, relaxation, cognitive coping, somatic processing and exposure are incorporated within the sessions. Further explanations of the rationale for and use of these techniques and theories are included throughout the manual.



CVT and the MHPSS Intervention Pyramid

This group counseling intervention falls within level four of the Mental Health and Psychosocial Support (MHPSS) intervention pyramid, providing specialized services delivered by trained counselors to clients, and adheres strictly to the ethical and standards outlined in the IASC Guidelines for Mental Health and Psychosocial Support in Emergencies and the Sphere Handbook. It is essential to integrate this intervention with local structures for contextual and cultural relevance, holistic care, functional referral services and sustainability.

Who Can Benefit from This Intervention

CVT identifies clients who are experiencing marked distress and reduced function as a result of experiencing torture, war, and other human rights violations, focusing on functioning rather than diagnosis. Individual assessments of mood, anxiety, post-traumatic stress, daily functioning and social support help counselors tailor the interventions and engage clients in better understanding the counseling process. This model includes working with a traumatic memory, which helps to improve post-traumatic symptoms and functioning, including relief from depression and anxiety. Clients are grouped together around relevant shared experiences, cultural, gender and age considerations, and treatment needs. Individuals who are unable to participate in the group experience, due to personal preference, severity of symptoms or other reasons identified in the individual assessment are referred for individual counseling or other services as appropriate.

History and Evolution of This Model

CVT has directly provided group counseling interventions beginning in 1999 in Guinea, and subsequently in Sierra Leone, Liberia, the Democratic Republic of Congo, Kenya, Ethiopia and Jordan. CVT has also provided training and capacity building on group counseling in Uganda, Bosnia, Cambodia, Sri Lanka, Cameroon, South Africa, Moldova and Lebanon. This model has evolved based on the experience and feedback from counselors and psychotherapist trainers, as well as outcomes and feedback from thousands of clients.

This iteration of the model was designed to address the dire lack of specialized mental health resources in low-resource and post-conflict settings. A review process was led by CVT clinical advisors for mental health, with the intention of maintaining a balance of evidence-based practice and practice-based evidence. This updated manual reflects both the current literature in the field as well as lessons learned from the input of CVT clients and counselors' many years of experience. To ensure that input was received from all levels, the writing team of CVT clinical advisors for mental health a) conducted focus groups with former group counseling clients, b) solicited feedback through surveys completed by current and former counselors and psychotherapist trainers, c) conducted a literature review on relevant subjects, d) received review feedback from international technical experts in emergency global mental health, e) field tested the intervention and made revisions based on feedback from the initial implementation and f) integrated practice experience and expertise, research and the above mentioned feedback to write the manual, using a collaborative writing process.

Supervision and Training

CVT promotes lifelong learning at every level and has seen the essential value of clinical supervision, particularly in low-resource, post-conflict contexts, with newly trained mental health staff, and with counselors navigating highly sensitive content from clients. Clinical supervision of counselors is distinct from management of clinical teams. Clinical supervision allows space for counselors to reflect on the intervention, explore how it might be affecting them as individuals, address any ethical concerns, and ask questions and receive feedback on their skill development. Planning and reviewing with supervisors around every session, along with taking time for personal reflection and support, can help counselors to provide the optimal environment for the intervention. In CVT's model, local counseling staff receive clinical supervision from an onsite CVT expert psychotherapist trainer, and in turn, the CVT expert psychotherapist trainer receives weekly remote clinical supervision from a CVT clinical advisor for mental health.

CVT works with counselors from a range of academic and occupational backgrounds within a given local context. This model can be implemented with counselors who have minimal previous training in mental health, as well as counselors who have extensive training in mental health in their home countries. In some locations, CVT is able to hire individuals with formal training and degrees, and in others, no formal training exists. Hiring and training should reflect the needs and abilities of the counseling staff. Individuals are hired as counselors based on their aptitude and credentials, and they come from a variety of helping professions and backgrounds. Interviews help identify individuals with an existing understanding of communications and helping skills, self-awareness and ethics; extensive training and credentials alone do not necessarily indicate that an individual will be a successful counselor.

Ongoing training is essential no matter the educational background of the counselor, given the unique elements of working with clients who have experienced traumatic events and human rights abuses. In this model, counselors typically receive two to four weeks of intensive training, followed by ongoing intensive clinical training throughout their tenure with CVT. CVT takes a holistic approach to training counselors, rather than simply training on one specific intervention. CVT believes that counseling is a creative process, in which no two clients or counselors are alike. Therefore, this manual is intended to serve as a guide, with the understanding that it is not a strict "how-to" manual. This manual is also not intended to be a stand-alone manual; it was developed with the expectation that a supervisor be engaged in helping the counselor interpret, adapt and implement the therapeutic interventions appropriately.

Cultural Relevance

This intervention has been developed in emergency settings, and it uses evidence-based practices that are shown to be effective across cultures and contexts. In preparation for counseling sessions, local counselors and clinical supervisors should further adapt their approach to include culturally relevant names and customs. Adjustments for age, gender and education level may also be necessary. Supervisors should ensure that a balance is found between retaining fidelity to the model and adapting it for local context.

Integration and Holistic Care

This group counseling intervention can be implemented alongside other services, and it is particularly well-positioned for use with somatic interventions addressing the mind-body connection, such as physiotherapy. CVT counselors know how to refer clients to other resources for medical, economic, educational, housing and other needs. Integrating CVT services with existing support systems is extremely important. CVT always implements services with an awareness of existing mental health and psychosocial support resources in the community, to ensure that they strengthen existing systems and avoid duplicating services. Long-term sustainability of services is more likely if the intervention operates with this awareness and support of local systems.

Guiding Principles

This section describes the overarching principles and values that guide the CVT group counseling model.

Focusing on Group Process

Group counseling is a modality that facilitates positive change and healing. The group process gives participants the opportunity to experience a sense of belonging, acceptance and relief to know they are not alone. Therefore, counselors should give as much attention to the general group process as to specific activities. This includes encouraging group members to support each other and maximizing client participation. To enhance the power of the group process, the facilitators should prioritize communication among group members rather than between group members and facilitators. Effective group facilitation includes attention to the reactions of group members, using opportunities in the moment to deepen the experience of participants – the "art" of therapeutic facilitation.

Prioritizing Specialized Work with the Effects of Trauma

Groups are structured and delivered to maximize therapeutic benefit by working with traumatic experiences in a safe, healing environment. Working with the trauma memory helps heal and break the cycle of avoidance, hyper-arousal and re-experiencing. Experiential mind/body modalities are integrated throughout the group intervention. This experiential approach ensures that clients are able to process trauma during the group sessions while also learning coping skills that can help them manage their symptoms and their current stressful situations. Through this approach, clients benefit from continued and sustained healing even after the group has ended.

Using a Holistic/Integrative Perspective

Trauma impacts the whole person: cognitively, affectively, physiologically and behaviorally. Trauma healing requires attention to mind, body, spirit, relationships and basic needs, and is accomplished through an integrated group counseling approach.

Drawing on Multiple Theories with Common Elements

The group counseling model is based on multiple theories and on common elements drawn from many different evidence-based trauma interventions.

Taking an Empowerment-Oriented Approach

Clients have internal strengths and competencies that can be mobilized. By learning to manage intense thoughts, emotions and behaviors, clients reclaim a sense of personal power that can help them solve problems in other areas of their lives. Counseling can build on clients' innate resilience.

Maintaining Structure

The group counseling model is structured to be applicable across cultures and regions with appropriate adaptations, as described below. Each session involves key activities designed to meet specific objectives. The structure and sequence of the sessions and themes should be maintained in order to achieve maximum therapeutic benefit and avoid harm.

Allowing for Flexibility

While maintaining the structured group themes and phases is necessary, the group counseling model can and should be adapted to address specific cultural, gender, age and contextual considerations. The "note to counselor" sections suggest some conditions for flexibility. Any changes must be approved by supervisors and clinical advisors to ensure the essential purpose of the session remains intact and the integrity and effectiveness of the model is not compromised.

Promoting Multiculturalism

In many settings, clients have diverse backgrounds. Counselors should encourage clients to participate in dialogue about their own historical, cultural and religious traditions of health and healing.

Establishing and Maintaining the Therapeutic Relationship

The group counseling model can only be effective if there is a positive therapeutic relationship between the client and the counselor(s). The counselor begins to build the therapeutic relationship at the initial intake assessment and attends to this relationship through individual, group and assessment sessions. It is therefore essential that counselors have a reflective awareness of body language, tone of voice, ways of interacting and attitudes to be able to convey empathy, acceptance and respect. The counselor must also be aware of any personal issues or reactions that might arise and use supervision to ensure they do not interfere with the therapeutic relationship. Skills necessary for counselors to build the therapeutic relationship include the ability to stay present and attentive in the face of distress and to make authentic connections with clients.

Approaching Counseling as a Creative Process

Counseling requires flexibility and creativity. Although this manual provides guidelines, it is assumed that the art of counseling requires in-the-moment thinking based on the needs of the client, the context and the culture. The manual is not meant to substitute for clinical judgment; training and supervision in clinical skills are essential for successful implementation of this group counseling model.

Attending to Self-Care

Working with war and torture survivors can be emotionally difficult for counselors. Multilevel supervision provides staff members with necessary support, and counselors are encouraged to implement personal self-care activities to sustain them in their work. Reflective skills that help increase self-awareness are also essential to self-care. Briefings and debriefings before and after group sessions further promote counselors' ability to stay well while doing this difficult work. Supervisors proactively help counselors use reflective and self-management skills to take care of themselves throughout the day as they listen to painful stories.

Essential Elements of the Group Counseling Model

The group sessions described in this manual are not meant to be conducted in isolation. The model entails the following elements, which are crucial to the success of the group sessions:

Assessment

- A thorough assessment is completed to determine client-specific goals, whether the individual will benefit from group counseling, and whether they have additional issues that need to be addressed before or concurrently to group (such as imminent safety issues).
- Assessment is a necessary clinical skill and an ongoing process that provides information for any adjustments to group therapy planning.

Treatment Planning

- A treatment plan is developed that reflects a holistic care perspective, and could include appropriate referrals such as individual or family treatment, physiotherapy, social work, and medical or psychiatric care.

Supervision

- This group counseling model requires multilevel supervision with a heavy emphasis on **LIVE supervision**, training and coaching. An emphasis on self-care and reflective practices is woven into the supervision relationships. This manual must be used in coordination with supervision and under consultation with the supervisor.

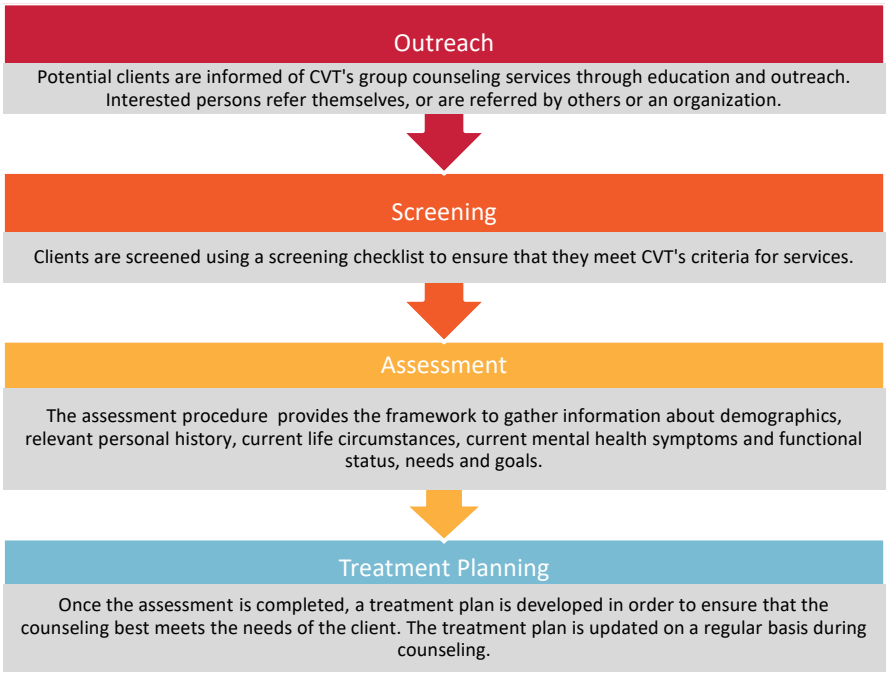
Safety and Ethics

- Emotional safety is required for trauma processing. This is engendered by creating strong therapeutic relationships, maintaining clear expectations and boundaries, and ensuring that counselors use ethical practices.
- Ethical behaviour such as maintaining confidentiality, showing respect towards clients and ensuring that the power of the counselor is not abused all contribute to client safety.
- The physical space of the group location should be considered—it should be a private, warm, welcoming space with culturally appropriate seating and the capacity for clients to safely move around the room.

Assessment

Summary of the Process

Clinical assessment is an essential component of the group counseling model. Assessment is where the therapeutic process begins, and it contributes to guiding and evaluating the work throughout. The process begins with outreach and screening and then proceeds to a specific assessment as part of a comprehensive intake.



Clinical Rationale

Comprehensive, individual client assessments are performed in order to:

- Build the foundation for the therapeutic relationship, including sharing hopes and doubts and initiating the establishment of safety, trust and support.
- Provide information about counseling, the counselors, the counseling model and CVT, allowing potential clients to express and overcome anxieties.
- Obtain explicit, written consent for treatment, offer assurance of confidentiality and explain the uses of anonymously compiled clinical information.
- Identify sensitive aspects of personal history that will help both counselor and client understand how to make the best use of the group counseling experience.
- Identify and prioritize clients' personal concerns and goals for therapy, and what they would like to be different as a result of the counseling.

- Allow for treatment planning, including determining which group will be most appropriate and what additional services and referrals might be needed in future.
- Establish a baseline of symptoms and functioning that will allow counselor and client to track progress or lack thereof, in order to appreciate progress or to consider modifying the approach if progress is lacking.
- Document mental health needs for other service providers in cases where referrals are made for a different treatment or for additional services.

Therapeutic Benefit

In addition to the above, research shows that the process of assessment is therapeutic in its own right. Clients derive some psychosocial benefit from participating in an assessment, even if they don't enter into any actual therapy. However, these benefits depend upon how assessments are conducted. Assessments are therapeutic when counselors do three essential things:

- **Develop and maintain an empathic connection with clients throughout the assessment**. The assessment should be a caring and thoughtful conversation in which the counselor's manner expresses warmth, empathy and genuineness.
- **Work collaboratively with clients to define individualized goals for the counseling intervention**. Remember that the CVT group model is time-limited. It is important to prioritize therapeutic goals and to be realistic about what can be achieved in 10 weeks.
- **Share and explore the assessment results with clients**. Towards the end of the assessment meeting, counselors should share with clients some main themes or issues that they have noted. This can build the relationship, strengthen the clients' confidence that counseling can be helpful and highlight issues that may be important in the group counseling process.

Assessment Process

The CVT assessment is made up of six main sections. These are:

- **Section A – Client's Demographic Information**. This section gathers information about the client, his or her home community and family, economic situation, employment situation, and housing.
- **Section B – History**. This section inquires about the client's experiences of war, torture, displacement, incarceration and loss, as well as the experiences of people from the client's immediate family.
- **Section C – Social Support**. This section explores the support the client currently receives from people in the community and from other service providers.
- **Section D – Client-Specific Problems**. This section documents the reasons the client has come to CVT for services and sets some goals for the therapeutic work. The client also estimates a baseline of problem severity against which future progress can be measured.
- **Section E – Health Problems**. This section looks at other health problems that might affect the client, including diseases and injuries, alcohol and drug use, and possible brain injuries.
- **Section F – Problem Rating Scales**. This section uses scales for four measures of mental health where problems are commonly found in survivors of war and torture: somatic complaints (or physical expressions of emotional distress), anxiety, depression and post-traumatic stress. In

addition, it measures the effects of the clients' traumatic experiences on their ability to function in the world. These formal measures assist in:

1. Determining who is most in need of the clinical services and for whom they are appropriate, and to assess safety concerns.
2. Helping the clinical staff understand the individual psychological and functional challenges each person faces, in order to make the clinical process most effective.
3. Establishing a baseline for assessment of progress and outcome.
4. Identifying the need for referral to other services.

Assessment Timeline

In order to establish a baseline and then measure the client's progress, assessments are completed:

- **At intake**, before the group treatment begins.
- **At three months**, immediately after the group treatment is concluded.
- **At six and 12 months**, for follow-up.

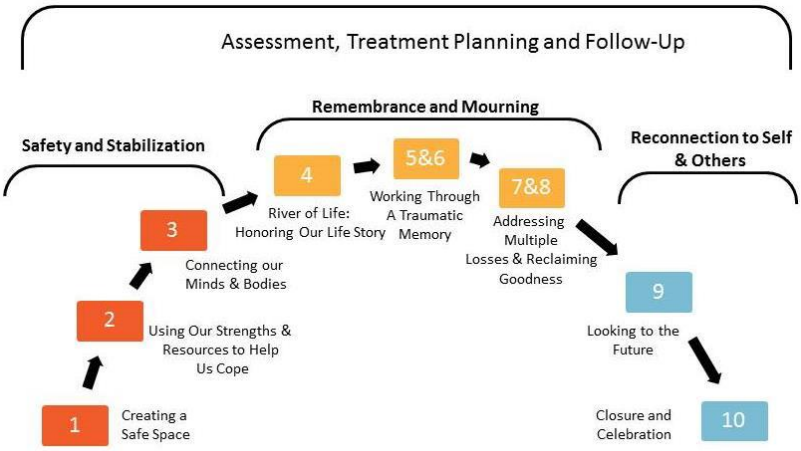
Data Management

CVT provides each client with a unique client code. This client code is used on all documentation relating to that client and protects the client's identity should any documents be misplaced. Also noted are the names of the counselor and supervising clinician, as well as the date and location of the first assessment meeting.

All information is entered into a database that analyzes data for internal and external reporting.

Group Sessions

The group counseling model includes 10 group sessions that guide the clients through a healing process, as outlined below. Assessment and treatment planning are the essential first elements of the counseling model; they co-occur throughout the cycle, and follow-up continues after the 10 sessions are completed:



Tri-Phasic Model

As the above diagram demonstrates, CVT uses a tri-phasic model based on the work of Judith Herman.

1. Safety and Stabilization

The safety and stabilization phase involves a process through which clients transition from feeling vulnerable to feeling improved emotional security, by stabilizing the physiological and psychological reactions to trauma. Counselors help clients achieve this by providing a safe physical environment for counseling, teaching them grounding techniques, offering psychoeducation on trauma and its effects, helping them understand the connection of thoughts and feelings, and identifying social and emotional supports. CVT recognizes that clients may have continued challenges outside of the group and emphasizes that safety and stabilization in this context refers specifically to the group therapy environment.

2. Remembrance and Mourning

Once a sense of safety has been achieved, clients are then able to focus on coming to terms with the trauma and its impact on their life through processing a traumatic memory. Clients are also able to mourn any losses and work through any difficult feelings that have arisen as a result of traumatic experiences.

3. Reconnection

In the reconnection phase, clients begin to look to the future and reconnect with themselves and their community. The phase also emphasizes finding new meaning and purpose after the traumatic experiences, and beginning to build goals for the future.

Using This Manual

The tables below outline key elements and present an icon for each element. Throughout the manual, these icons are used to highlight the session component, key point for the counselor, or skill in use.

Session Structure

The structure of each session is the same, and this manual guides facilitators through preparation for the session, the goals of the session, and the materials that will be needed. Each session takes 90 minutes, and includes an opening, then moves on to the work, or the central component of the session, and concludes with a closing practice.

	**Preparing** The counselor prepares all of the materials, pre drawn visuals, and anything else needed for the group well ahead of time. It is important for the counselor to carefully read through the session description and discuss any points of confusion with the supervisor. It may be helpful for the counselor to develop a checklist of the materials that are regularly needed for easy reference.
	**Session Goals** Establishing the session's goals helps the counselor to stay on track with the focus of the session and to understand what clients should learn through the session.

	**Materials** A list of materials developed prior to the session will assist the counselor in ensuring that all needed materials are prepared for the session.
	**Opening** The opening of the session is designed to help create a structure of safety and allows the group members time to settle in for the session. In the first session, the group members will choose an opening practice that will then be used in every session following.
	**Check-in & Recap** Each group session will start with a check-in to determine how each person is doing as well as a recap of the previous week. Check-ins can be done using the thermometer method or any other method that helps the clients to talk about how they are feeling that day. The recap of the previous week reminds clients of what they had focused on and can be a helpful warm-up for the session. The recap can include clients describing what they remember as the key points from the previous week, and any learning/homework that they were able to practice since the last session.
	**The Work** The work component of the session is where clients learn and practice new skills for coping and are taken through the phases of safety and stabilization, remembrance and mourning, and reconnection.
	**Closing** The closing brings the session to an end by helping the clients to integrate everything they have learned in the session and prepare to go home.

Key Points

The manual also includes text boxes that highlight key points that counselors should emphasize:

	**Theoretical Rationale** Theoretical rationale boxes at the beginning of each session provide a brief review of the theoretical underpinnings of each session, including references for further reading.
	**Home Practice/Tool Box** Home practice allows clients time to practice skills learned in the session and expand their tool box. The home practice text boxes give instructions for the home practice exercises.
	**Note to Counselor** Notes to counselors emphasize key learning points or issues that counselors may wish to pay special attention to at that point in the group session.

	**Psychoeducation** Psychoeducation boxes provide information on key learning points to be shared through discussion and explanation. Psychoeducation sessions can be delivered creatively using drama, role-play, art or any other method that would be culturally acceptable in the local context. The goal of psychoeducation is to be interactive and provide information in an engaging way.
Italicized Words/Scripts	Any words or scripts that are ***Italicized*** are suggested language and should be adapted to the facilitator's style and to contextual factors.

Group Manual Micro-Skills

The skills outlined below have been identified as essential for group facilitators to use throughout the sessions. Supervisors will focus on these skills in order to ensure that counselors learn how to utilize them in sessions.

	**Active Listening** Active listening is an active process where the counselor listens for meaning. Counselors must use their hearts to try to understand the client's feelings, their ears to listen actively to what the client is saying, their eyes to observe body language and finally their mouths to communicate what they have understood.
	**Adaptation** It may be necessary to adapt the material and exercises based on the needs of particular groups. For example, some clients may have literacy challenges and will need information to be presented using pictures or symbols.
	**Body Language** Our bodies often tell much more than our words. Counselors will need to pay attention to the body language of the clients. How are they sitting, how do they appear, what are their bodies telling you? In addition, counselors need to pay attention to their own body language. How are you sitting, are you practicing active listening with your body, and are you giving the message that you are grounded and present in the session?
	**Confidentiality** The counselor plays an essential role in helping the group to understand the importance of confidentiality. Group members need to be informed that confidentiality means that whatever the clients discuss and share in the group remains private. Neither the counselors nor other group members will talk about the personal stories that they have heard outside of the group. This helps to build a sense of safety and trust in the group. It is important to share the limits of confidentiality. This includes in instances of potential harm to self or others. If counselors are concerned that a client may harm him/herself or someone else, they will need to communicate this with someone else in order to ensure safety.

	**Containment** Containment refers to creating a safe, holding environment where clients can discuss difficult feelings and situations. Containment also ensures that clients are grounded and able to leave the session feeling emotionally safe. Tools for containment include: • Summary: It can be helpful to summarize the most important topics, feelings or themes for a client. By pulling together the key thoughts and feelings, the client feels heard, understood and has a greater sense of safety. • Strong emotional and verbal expression: Strong emotions can be overwhelming for both the client and the counselor. Use of skills such as grounding and breathing exercises can help to bring a client back to the present and gain control over strong feelings. • Other examples include opening and closing practices, sticking to ground-rules, starting and ending on time, and using active listening skills.
	**Eliciting** Eliciting, or asking for responses from clients, is a powerful technique that involves using open-ended questions to draw out the clients' knowledge and wisdom. This approach is more effective than "lecturing" or acting as the expert.
	**Emotional Regulation** Emotional regulation is a key skill that helps clients feel more in control. Emotional regulation refers to being able to experience one's emotions in a way that is manageable and tolerable. It includes learning how to energize when feeling low or depressed, and how to calm down when emotions are becoming overwhelming.
	**Empathy** Empathy is an essential counseling skill. It is demonstrated through active listening, reflection, warmth and connection, and it lets the client know that they have been heard and understood.
	**Encourage Interaction** One of the greatest benefits of group counseling is the development of social supports among group members. Counselors can encourage interaction by having refreshments at the end of the session, having time at the beginning for check-in, and encouraging interaction and discussion throughout the group.
	**Group Management** Managing group dynamics takes practice and patience. Group management includes helping clients who are withdrawn to open up and share experiences as well as containing clients who want the focus of the session exclusively on themselves. The counseling team will need to pay attention to the group dynamics and manage relationships to ensure that all members of the group feel supported.

	**Group Participation** Sometimes clients may find groups challenging. One way to keep clients engaged is to encourage them to actively participate in the group by providing personal examples and comments on different topics. This will help them to feel involved in the group and increase participation.
	**Group Reflection** Group reflection is a helpful tool for assisting clients to think about what is happening in the group and what has been important to them. Some good questions to ask could be: What touched you today? What stood out for you? What do you think you may do differently after today's group? What do you appreciate about being part of the group? These questions can then lead to discussion around the clients' feelings and the impact of the group process.
	**Grounding** Grounding is the process of connecting back to your body and the present moment. The grounding techniques are outlined in great detail throughout the manual. It is an essential skill for torture and trauma survivors and can help them to gain control over strong feelings.
	**Headlining** Headlining is a technique to present just the key elements of the issue or the story. Counselors can use the metaphor of a newspaper headline that summarizes the full story. This technique is used at points in the therapy when it is necessary to have clients offer highlights of their story rather than venture deeply into it.
	**Managing Flashbacks and Dissociation** The grounding tools are very helpful for managing flashbacks and dissociation. If a client is having a flashback or dissociating, the counselor should remind the client, "You are here in the room, you are safe, I am with you." The counselor can then lead the client through a grounding exercise to help them to be present and to re-establish safety.
	**Metaphors** Counselors should alter exercises based on the culture, context and demographic they are working in so that clients can relate. For example, some cultures may understand the metaphor of a river to represent their lives, while others may connect better to the concept of a path. Metaphor is a bridge to the client's experience that makes a concept relevant and is a way to talk about their lives. Once the metaphor is understood, it is then important to link the learning back to the topic of the session and how it relates to them personally.

	**Pacing** Pacing refers to moving neither too quickly nor too slowly through the group session. Time management is an essential skill, and counselors will need to monitor the time throughout the group session. In addition, the counselor will need to be aware of the clients' reactions to the exercises and assess if they are engaged in the activities. Each group will be different, and counselors will need to regularly check in to assess if the pacing is beneficial.
	**Reflection, Paraphrasing and Restatement** Reflection is like a mirror. The counselor states back to the client what they have understood in terms of the feelings and details expressed. It assists the client in feeling understood and is one of the key skills for building relationship and communicating empathy. Using this skill often helps contain the client.
	**Self-awareness and Self-Disclosure (Facilitator Example)** Self-awareness is one of the key skills of a counselor. Supervision and debriefings can assist counselors in understanding how the work is impacting them and determining if they need additional support. Hearing traumatic stories can be challenging, especially if they are close to counselors' own stories. Counselors' awareness of how they respond and what triggers them during sessions is an important element of their development. Supervision and personal counseling can assist in developing self-awareness and managing any feelings and reactions that emerge from the work. Self-disclosure, or using facilitator examples, refers to counselors revealing personal details about their own lives to clients. As a general guideline for when to use self-disclosure, counselors should assess if telling the story benefits the client or themselves. Some guidelines are: • Consider if the story will help the client. • Be brief in telling the story. • Be aware if the story is likely to distract you with thinking about your own history and leave you unable to facilitate the group.
	**Temperature-Taking** Temperature-taking can be a useful check-in tool. Clients are asked to indicate on a predrawn thermometer what their temperature is that day: are they feeling "cool or a bit low," "green, doing ok," or "red, hot, a bit angry and irritated." This lets both the counselor and the rest of the group know how each person is feeling at the start of the group.
	**Time Management** Balancing time management is essential in providing a sense of safety and containment for groups. Each section is labelled with suggested timing, but counselors may adapt this as necessary, depending on the needs of the group. The counselor should regularly check on time during the session (have a clock in the room if possible) and be aware of time choices. For example, too long spent on one activity will mean less time for another critical therapeutic activity.

	**Use of Silence** Silence can be a valuable tool for reflection and honoring a person's story. If a client stops telling a story and is quietly reflecting, the counselor can allow for silence for a period of time. This enables the entire group to have a reflective experience. Some members of the group may find silence challenging and may want to talk. The counselor can address this at the beginning of the group cycle and discuss how the group would like to use silence.
	**Validation and Normalization** Validation is the recognition, understanding and acceptance of another person's thoughts, feelings and actions. Validation helps the client to feel understood and accepted, and further builds feelings of safety. Examples of validating statements include: "You did everything you could to survive" or "How you are feeling now is perfectly understandable given what you went through." Validation normalizes how the client feels and gives them the experience of being accepted and understood.
	**Warmth and Connection** Clients will feel greater safety if the counselors provide genuine warmth and connection. This can be accomplished by welcoming each client individually to the group, inquiring about how they are feeling and connecting from the heart.

Source for Icons: The Noun Project and OCHA

Session 1: Introduction and Creating a Safe Space

Preparing

Theoretical Rationale: What Are We Doing and Why?

The establishment of trust and safety in the counseling setting and relationships is the first task of counseling. Safety is established in the group context through the development of relationships with group members and counselors. Trust also includes understanding and having confidence in the purpose and process of the group. Counselors set the tone for safety and supportive therapeutic relationships in the group by expressing warmth, friendliness, connection and authenticity; this tone should remain throughout the treatment. Research indicates that these qualities in the counselor, along with the counselor's ability to set hopeful expectations and develop therapeutic alliance, are associated with improved client outcomes regardless of the specific intervention. Safety is also established through skills development such as grounding and creating safety and stability in the body, as well as through emotional and behavioral stabilization. **Grounding** is a somatic skill that helps clients calm their thoughts and feelings by calming their body. This sense of safety builds the foundation for healing and actually begins the process of healing. The closing practice integrates movement, breath, grounding, imagery, feelings, thoughts and affirmations. It is intended to promote **integration** of the session's teachings and therapeutic processes. **Integration** is an essential component of restorative work with survivors of trauma.

Evidence has shown group therapy to be an effective healing modality, as it provides the additional peer-support function that is not present in individual modalities.

For further reading:

Herman, J. (1997). *Trauma and recovery*. New York, NY: Basic Books.

Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Viking Press.

Session Goals

- To create a group environment that is friendly, warm and inviting.
- To set clear boundaries and expectations.
- To begin to build the conditions for safety, trust and connection among group members and between group members and facilitators.
- To identify hopeful expectations.
- To introduce the principle of practice between sessions.
- To begin learning coping strategies – grounding and closing practice.

Materials

- Snacks (as available and appropriate).
- Chairs or benches.
- Name tags (to be used for the first few sessions).
- Predrawn overview of the topics of the 10 sessions.
- Flip chart paper and markers.
- Rock or chair.
- Letter from previous group (if available).
- Closing practice handout with images (optional, see Appendix).

Session 1 Summary

Topic/Activity		Materials Needed	Timing
	Opening the Circle Welcome & introductions	Name tags, Chairs/benches	**15 minutes**
	The Work		
	The work of CVT		**5 minutes**
	Purpose of the group/what to expect	Predrawn overview of topics	**10 minutes**
	Group members' hopes and expectations	Letter from previous group	**10 minutes**
	Building safety: Generating ground rules for the group	Flip chart paper & markers	**15 minutes**
	Building connection & support: One finger vs. many fingers exercise	Rock or chair	**10 minutes**
	Grounding exercise		**10 minutes**
	Closing the Circle Introducing the closing practice	Snacks	**15 minutes**
Total session time			**90 minutes**

Opening the Circle

Welcome and Introductions (15 Minutes)

- Warmly welcome everyone to the group. Acknowledge the clients' courage for deciding to participate in the group.
- Introduce yourselves with your name, your position with CVT, and your role in the group (facilitator, co-facilitator, interpreter, supervisor, etc.). It can also be helpful to say something brief about your experience with CVT or with psychosocial work, to help clients understand a bit about your background and to encourage trust and confidence. Facilitators can model this by starting the introductions. It is important to remind clients that there may be visitors in the group at times (supervisors, other clinical staff, advisors) and they will always be introduced at the beginning of the session.
- If time allows, facilitators can lead a brief activity or game to learn each other's names. Nametags also help people feel comfortable and can be used in future sessions.

The Work

Introduction of Today's Topic and Review of the Purpose of Today's Session

- To get to know each other, emphasizing the importance of the support clients give to each other.
- To review the purpose of the group and guidelines that will help the group go well.
- To learn skills to manage difficult feelings and challenges.

The Work of CVT (5 Minutes)

The facilitator asks the following questions:

- *Does anyone remember what CVT stands for?*
- *Can anyone explain CVT's role in the community?*

Listen to the responses and then affirm that CVT

- Works with people in the community.
- Listens to people.
- Works with war and torture survivors.
- Works with words, feelings and emotions in our minds and bodies.
- Helps heal what has remained troubling in people's hearts and heads after the war (or substitute whatever traumatic event is relevant).

You can use the comparison with the help needed for physical healing: When we have a broken leg where can we go? (hospital) What about a broken heart? (CVT) Can someone know or be sure our hearts are broken just by looking at us? **Main point**: We need to talk about what has hurt us emotionally so that we can feel better. This can also help us to feel less alone and to share our burdens.

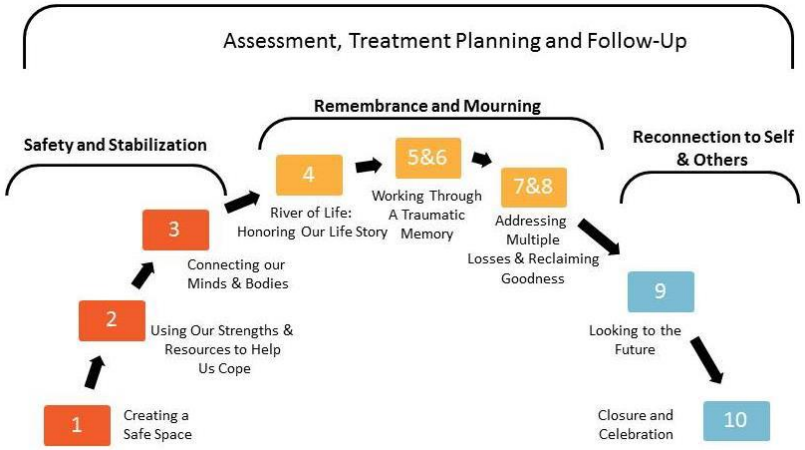
The Purpose of the Group/What to Expect: Facilitator's Remarks (10 Minutes)

The facilitator seeks answers from the group, **including the reasons for doing this work in a group instead of individually, with each person alone**.

The facilitator highlights the following:

- *The purpose of the group is for group members to share experiences they had during the war (or from other traumatic experiences), in order to receive and give support, to better understand how the war has affected them, and to strengthen members' ability to go forward in life. CVT's experience has shown that this is a way to heal some of the wounds they have suffered, to increase their strength and hope, and to learn new ways of coping with the challenges of their lives. We will be focusing on what we can control, such as our thoughts, feelings and actions.*
- *We will meet 10 times, and it is important to try as hard as possible to come to each of the 10 sessions since each session builds on the previous session.*
- *The sessions are once a week for 90 minutes.*
- Use a predrawn visual to provide an overview of the 10 sessions and topics. Explain how in our experience, these sessions help survivors feel better and function better in their lives. By sharing with others in the group, we realize that we are not alone and we can share our strengths and resources with each other.

The facilitator may wish to use the following diagram to explain the group process:



Explain that we will sometimes be in a group as a whole and sometimes in pairs or small groups. This allows us to have more time to share our experiences.

Group Members' Hopes and Expectations (10 Minutes)

Ask group members how they hope to benefit from the group. Make sure that all group members have appropriate and realistic expectations regarding the group. **In particular, make sure they know that CVT cannot provide financial assistance or influence resettlement decisions.**

Containment/Facilitation Tip

Participants will want to talk about their contextual challenges such as access to housing and food, and resettlement issues. This will come up throughout the group sessions. It is important to always validate these realities without letting a discouraging conversation take over the group. After you have validated their difficulties, emphasize how the group sessions and skills they will learn will strengthen them to face these challenges.

Acknowledge that it is normal to have some fears and anxieties about the group as well. You can mention that these may include feeling shy about talking in a group or feeling nervous about what other members will think of us. It is not necessary to get members to express these feelings verbally.

Read the Letter from the Previous Group

Tell group members that it may help to deal with those anxieties to hear what others who have already completed the group have to say. Introduce the group letter written by prior group members (see Session 10 description of this activity). Take time for comments about members' reactions to hearing the letter from the previous group.

Building Safety: Generating Ground Rules for the Group (15 Minutes)

1. If you are certain that everyone in the group is literate, have a blank flip chart ready to use for brainstorming ground rules/agreements. Use symbols if there are group members who are not literate.
2. Let them know that we want to start helping them to feel safe, and the way we can do that is by making some agreements with each other about how the group will run. For this group, we want to agree on rules that will help everyone to feel safe and encouraged to talk about what they feel inside.
3. Ask people how they treat friends and how they do not treat friends, and if they would like to treat each other as friends in the group.
4. Seek the ground rules by asking questions that will encourage participants to generate ideas, such as: *What time does the group start? Can we delay the start of the group for an hour if some people are an hour late? If they're 15 minutes late? And how would it be if only half of the members come to a session?* The goal is to arrive at the conclusion that respect — for those in the group, and those in groups after them — is important, and that missing part of a session means missing important concepts. Each person has something to offer and something to receive from the theme of each session.
5. Tell the members that ***confidentiality*** is one of the most important rules for the group, so you want to be sure they understand and commit to this principle. In regards to confidentiality, it is important to let participants know that they are free to share their own experiences with anyone they trust. Similarly, it is encouraged **to share coping strategies with friends and family**

(e.g., grounding, exercise, breathing technique). We ask, however, that they maintain confidentiality in regard to anything shared by others. It is also important to mention the few exceptions to confidentiality — for example if clients communicate to us that they are planning to harm themselves or someone else, we need to place the value of preserving life above the value of maintaining confidentiality.

6. **Accepting Differences:** It is also important to acknowledge that there will be differences among group members; that this is normal and valued, and this is one way we can learn from one another. We want group members to share their feelings and experiences while being respectful of differences. This helps us create a space where survivors feel comfortable sharing.
7. **Sharing Feelings**: It is useful to tell the members that we intend the group to be a comfortable space to express emotions – especially in men's groups. By stating directly that expressing and sharing emotions is welcome and expected, you can reduce the stigma of emotional expressions such as tears and anger. Explain there are many reasons why it might be difficult to express emotions. Sometimes we feel we have to be strong for the family, or that it is not OK for men to cry. Clarify that this group has its own culture, shared by the members. In this group, recognizing and expressing emotions is appropriate and is actually a sign of courage in trusting the group enough to express them.
8. For each rule, make sure everyone agrees before adopting it as a rule.

The important ground rules to emphasize are:

- Respect the confidentiality of the group.
- Come on time.
- Come to every session.
- Give everyone a chance to speak.
- Listen.
- Raise hand or take turns (rather than interrupting).
- Be respectful of others.
- Be honest.
- Participate actively. Remind them that this is not a class, and that their participation and support of one another will benefit everyone.

Exercise: Building Connection and Support. One Finger vs. Many Fingers (10 Minutes)

1. Choose a **large** rock, or a table or chair, or something else heavy and large, and place it in the center of the group.
2. Ask if someone would try to lift it with one single finger. They will not be able to; ask each of the group members to take a turn trying.
3. Ask the same person to try again, but this time, ask members to add their fingers, one by one, to the first person's finger. The group will be able to lift the heavy load together.
4. Process this in terms of connection and support, i.e., it is easier to do this with many people who work together (connection), and when we face a challenging task or have a heavy load, others can help to ease the load (support).
5. Affirm that this is exactly how the support of the group will work to help each member.

Home Practice Assignment: Encouraging Interaction
We would like you to get to know each other to help you lift the rock together. In addition to being in group together, we encourage you to talk before and after the group and during breaks, to exchange phone numbers, and to meet outside of group.

Psychoeducation
Traumatic experiences can make us feel distressed, unbalanced and sad, and we can feel overwhelmed at times by our feelings. This can keep us from sleeping, eating, or being able to do our daily activities. In this group we will be learning skills that can help you cope with the difficulties you are facing from the traumatic experiences and from current stressful situations. We will be practicing these skills in the group and outside of the group. You can put these skills in a tool box (or another metaphor appropriate to culture, age, and gender) that you can use any time you are feeling distressed.

Exercise: Grounding-Connecting to the Earth. Letting the Ground and Our Bodies Support Us (10 Minutes)

Explain that we are going to teach a simple exercise that the group members can use any time they feel upset, confused or scared. It's easy to learn and help to make us feel calmer, stronger and more supported.

Provide the following instructions slowly, using a soft voice:

- *Sit with both feet firmly on the ground. Feel your feet make full contact with the floor, so you can feel the ground beneath you. Imagine that roots are growing from your feet into the ground making you feel strong and sturdy.*
- *Adjust your posture so you are upright but comfortable. Feel your body being supported by the chair. Notice where your legs and back make contact with the chair.*
- *Gently relax your eyes and let them settle on a point in front of you on the ground.*
- *Now take a few breaths and notice your breathing.*
- *Notice your inhale and then your exhale. Now for the next five breaths when you exhale, press your heels into the floor, feeling like your feet are taking root in the ground.*
- *Take a moment to fully relax as you feel the support of the ground and the chair.*

Spend a few minutes reflecting how the group experienced this exercise, asking:

- *Did you notice an increased sense of support from the ground/earth? From the chair?*
- *How did you feel doing this exercise?*
- *Did you notice any changes in your body? Are you aware of a sense of stability and calmness in your body?*
- *Did you notice any changes in your thoughts?*

Note to Counselor
Some people will have a challenging experience doing this exercise for the first time and may experience anxiety, distress or even flashbacks. Normalize these reactions as common when first slowing down enough to connect with one's emotions.

Lead group members through the exercise one more time to reinforce the skill and make sure they understand the instructions. **If some had a difficult experience the first time, it is likely they will have a better experience the second time.** Optional: The group can rename the exercise to something that will help them remember it and understand its purpose.

Check in briefly with the group members to see how they are doing so far.

Closing the Circle

Recap of Today's Session and Home Practice (5 Minutes)

Celebrate and praise the work the group has done.

Home Practice Assignment

New skills:
Grounding
When we are learning skills to add to our tool box, the more we practice, the more benefit we receive as we are able to more easily use these skills in our daily lives. This week we would like you to practice the grounding exercise at least one time per day. When we are first learning a skill, it helps to find a consistent time to practice (such as the start or end of the day). You can also practice it any time you are upset or confused, or when you are distracted by memories.

Interaction
Remember to get to know each other by talking before and after the group and during breaks, to exchange phone numbers, and to meet outside of group.

Briefly summarize the session's activities and then move on to the closing.

Repeated practices: Tell members that we are going to begin and end each session with an activity to recognize the unity of the group. Repeating these practices helps the group to feel safe and predictable, and helps us to feel grounded before we leave. Ask them how they would like to begin each session. Remember to mention several options such as a saying or a cheer. Tell them that we will be teaching them a closing practice that they will do every session.

Then, move on to teach the closing practice.

Psychoeducation
Explain that you are going to teach the group a closing practice that will help them grow the benefits of the group in their heart and share them with each other and their loved ones. Fear and stress can make our bodies tense up and can limit how we move and think. Demonstrate this by showing restricted body language. Explain that by expanding our movements, we can break out of fear and allow ourselves to think of new possibilities. Moving in different ways helps us to feel better. The closing practice helps us feel better as we conclude the session.

Normalize that the movements may feel awkward at first but we will be doing them every session so it will feel more comfortable over time. Emphasize that they should only do the movements that can be done comfortably and without pain. They can do the movements while seated if needed.

Note to Counselor
These movements should be taught fluidly so the group members are not holding their arms in any one position for a long time. Have one movement lead to another so that it flows easily. Make sure that group members coordinate their movements with breath. Memorize the instructions and practice ahead of the group so that when you lead the exercise, it will flow smoothly. Adapt the closing practice as needed. For instance, if you have a group with primary torture survivors, consider adapting the exercise so they are reaching forward rather than up.

Instructions for the Closing Practice

- *Think of something you learned today in group that you hope will help you feel better.* Give examples **and have a few people name this out loud**.
- *Stand with both feet firmly connected to the floor, your roots growing into to the ground, making you feel strong and stable. Relax your eyes towards the floor. Feel the support of the ground. Now take a few breaths and notice your breathing. Specifically, notice your inhale, and then your exhale. When you exhale, press your heels into the floor and feel your feet become even more rooted to the floor.*
- *Let's all inhale and stretch, stretch, stretch our arms up towards the sky, and open our minds and hearts to new possibilities. When your arms reach as far as they can go, exhale and release your hands and then let them rest on your heart, allowing hope to grow in your heart. Do this two times.*
- *Now let's inhale and stretch our arms long in front of us, and then open them wide and feel the connection with the group members. Exhale and bring your hands back to your heart. Do this two times, beginning and ending with your hands on your heart.*
- *Now we are going to imagine that we are reaching to pick a piece of fruit from a tree. That fruit is what you identified as something you learned today that you would like to pick and place in*

your heart and keep with you. Everyone inhale, and stretch-stretch-stretch your right arm up to the right and pick the fruit. With your exhale, bring that fruit into your heart.

- *Let's alternate left to right a few times, reaching-stretching-gathering, moving fluidly and always coming back to your heart.*
- *Think of the seeds of good that come from the fruit that you would like to grow and share with others (group members, family and friends). Inhale and stretch your arms down towards the ground and make a movement like you are scattering these seeds to share with others. Move about the room scattering these seeds and if you are comfortable, making eye contact and smiling at other group members.*
- *Return to the circle and take a moment to think about how you feel right now. Think of a phrase that makes you feel good. Examples might be "I am strong," "I have hope for the future," "I have something to offer others," etc.*
- *With this thought in mind, inhale with your hands on your heart, and when you exhale, press your hands into your heart gently. Do this three times.* ***Take turns sharing out loud*** *with the group the thought that makes you feel good so all group members can benefit from the "seeds of good."*

Adaptation
The closing practice can be adapted as needed, depending on the culture and context. For example, in some places, the group may wish to make the closing practice into a dance.

For the first few sessions, ask the participants how they experienced the closing practice. Normalize any discomfort and encourage them to make adjustments as needed. You may want the group members to give a name to the practice that is meaningful to them. This name might emerge in future sessions**. Over time, have the participants lead the closing practice.**

Ending comments:

- Briefly remind participants of the **day and time of the next session**, and suggest that they remind each other if they see each other during the week. Mention that each person has made a promise to attend regularly and suggest that they try to respect that promise.
- Ask if they remember the **home practice assignments.** Have them name the practice activities (grounding and connecting with group members outside of group), and have them identify when they are going to do the grounding. Encourage them to do any of the movements from the closing practice at home, and if they wish, they can teach these practices to their family members.
- Ask them to notice how they feel when they do the grounding exercise and the closing practice movements. Let them know that at the beginning of every group we will be checking in on their home practice to help support them develop these skills.

Session 2: Using our Strengths and Resources to Help Us Cope

Preparing

Theoretical Rationale: What Are We Doing and Why?

By bringing awareness to external and internal resources that allowed them to survive traumatic experiences, clients can identify their existing strengths and **resilience**, thus strengthening their coping ability and deepening their sense of safety, stabilization and hope for improvement. Furthermore, by understanding the connection between thoughts, feelings, behaviors and physical reactions, clients can begin to gain **mastery** over their symptoms and develop more effective coping strategies. Learning and practicing new coping strategies in group and at home increases clients' ability to deal with difficult memories and circumstances in their lives. **Cognitive restructuring** to counteract unhelpful thoughts and beliefs serves to **empower** the client, improving self-esteem, establishing hope for the future and countering feelings of powerlessness.

For further reading:

Cully, J.A., & Teten, A.L. (2008). *A therapist's guide to brief cognitive behavioral therapy*. Houston, TX: Department of Veterans Affairs South Central MIRECC.

Hinton, D. E., Pich, V., Hofmann, S. G., & Otto, M. (2011). Acceptance and mindfulness techniques as applied to refugee and ethnic minority populations with PTSD: Examples from "Culturally Adapted CBT." *Cognitive and Behavioral Science Practice*, *20*, 33-46.

Session Goals

- To develop group members' awareness of internal and external resources and encourage their use.
- To help group members understand how thoughts, feelings and behaviors affect each other.
- To assist group members to develop a more positive self-image, specifically, as persons who have courage, strength and the ability to survive.
- To enhance group members' awareness of coping behaviors that can be used in difficult situations, and of their own coping skills.
- To allow group members to recognize and validate each other's strengths.

Materials

- Chairs or benches.
- Name tags.

- Snacks.
- Flip chart and markers.
- Group rules chart for taping on the wall.
- Predrawn diagram of the cognitive triangle showing thoughts, feelings, and behaviors.

Session 2 Summary

Topic/Activity		Materials Needed	Timing
	**Opening the Circle** Welcome & opening practice	Name tags Group rules	**5 minutes**
	Check-in & recap		**10 minutes**
	Home practice check-in		**5 minutes**
	**The Work**		
	Introduction of today's topic & psychoeducation		**5 minutes**
	Our table legs	Flip chart paper and markers	**15 minutes**
	Cognitive triangle	Predrawn cognitive triangle	**20 minutes**
	Two minds, two hearts		**15 minutes**
	**Closing the Circle** Recap of today's session & home practice		**5 minutes**
	Closing practice		**10 minutes**
Total session time			**90 minutes**

Opening the Circle

Welcome and Opening Practice (5 Minutes)

- Again, warmly welcome everyone to the group. Acknowledge their motivation and courage in continuing to come to the group.
- Invite them to participate in the agreed-upon starting practice. Create it here if there wasn't time to develop it in the first session.
- Ask the members to say the name they would like to be called in group. You can suggest an activity or game for everyone to reinforce the learning of each other's names. If you wish, you can repeat what you did for the previous session.

Check-In and Recap (10 Minutes)

Check in about how the group members are doing. Have them focus on thoughts, feelings and sensations they may be having now or may have had since the last session. You can say something like: *As a way of checking in, coming back together after a week, I would like to take a few minutes for each of us to name a feeling, thought or sensation we are having now or may have had since the last session. Add just a few words or a sentence as to what you think is bringing about these feelings/thoughts/sensations.*

Ask group members if they remember what we talked about last week. Summarize their answers by saying something like: *Last week, we talked about the fact that CVT works with people who are hurting after the war; we took time to start to know each other, about the purpose of the group and how it can help; we talked about some guidelines for how we'll work together in our meetings, and started to learn some skills (grounding, closing practice) that you can use to help manage the difficult feelings and challenges in your life.*

Ask members if they can remember the group guidelines **that they agreed on. Have them list what they remember, but make sure to review the importance of confidentiality and other key group rules, as appropriate.** Ask members what they remember about the purpose of the group and how it can be beneficial to them. In response, highlight comments relating to improving functioning, reducing distress, increasing coping, and strengthening support. You may wish to tell the group: *Remember that some of the most valuable parts of the group are the way you can learn from each other and the way you can support each other by sharing your experiences and ideas.*

Home Practice Check-In (5 Minutes)

Grounding

Ask group members about the home practice:
Remember that we talked last week about how the group can help us learn ways to manage our distressing feelings and to feel better in our lives, even when we are having a very difficult time. And remember that one of the ways to strengthen ourselves is to practice the skills we learn in group at home so they can become a regular part of how we take care of ourselves. Last week, we started this by learning a grounding skill.

Were you able to practice the grounding skill during the week? Where you able to find a regular time to practice? What did you notice when you practiced the grounding exercise?

Briefly practice the grounding and support skill again – feeling body connecting to the floor or chair – as a reminder of how this creates physical support and represents the kinds of support we receive. Practicing this skill at the beginning of group helps remind them of the instructions and puts them in a calm state of mind to start the work of the group.

The Work

Introduction of Today's Topic and Psychoeducation (5 Minutes)

Check for understanding and agreement, at times, as you say this:

Today we're going to talk about some other ways to deal with the difficult feelings and situations that we face in our lives. Some of these have to do with our situation in the present and some of them have to do with bad experiences from the past. What we have learned through our work at CVT is that the past and the present are connected. In other words, one of the reasons that we sometime feel sad, lonely, afraid, angry or even hopeless in our lives right now is because of memories and feelings about what happened to us in the past.

It is helpful to realize that this is normal. It means we are having feelings and reactions that any normal person would have from the things we have experienced. Of course, they may be normal, but they still cause us pain. So in our group sessions, we're going to learn about ways to help ourselves and each other to feel better and to manage our lives more in the way we want to.

In order to feel better, one useful technique is to recognize what is helping us to survive and stay strong in our lives now, and to identify where we get support from. Let's think about it this way:

Here, use the metaphor of a large table that needs support from its legs in order to stand and hold the weight of the objects on top of it. *Could the table stand if it had only one leg? Two? Even three? What if there are lots of objects on it, some of them very heavy?* If you have a table available, you can use this to bring the metaphor alive, or you can draw a picture.

Suggest that the group members can view the challenges they face in their current lives as the objects on the table. *What are some of those challenges/objects?* Have group members name these briefly and write them on a flip chart on top of the table. Do not allow long narrative explanations at this time. The idea is for the group to make a list together to acknowledge all that they are dealing with.

Containment Tip
Make sure to contain the clients to just naming and labeling the things on the table. They should be framed as things weighing down on the legs, and the longer discussion should emphasize the table legs that help support the weight. If group members are spending a lot of time talking about the things on the table, you can use an example of how you would summarize with a label and ask them to do the same.

Then talk about how heavy the total of all of the objects is, and the importance of having as many strong legs as possible for the table. Some of these legs we already have, but have forgotten about. Others are ones that we will build during this group. Examples of "legs":

- Our own strengths: courage, patience, kindness, hard working.
- Our practices and skills that help us cope: praying, walking, playing with our children.
- People in our lives: family members, neighbors, organizations.

Our Table Legs: Who and What Helps Me Today (15 Minutes)

Invite the clients to talk about the strengths and resources they have shown in coping with life in their current situation. Help them to explore their internal resources such as being smart, strong, hard-working, caring, brave, and so forth, as well as external resources such as relatives who are still alive, friends, teachers, priests/imams, various NGOs, and so forth.

What are the things, people, activities, memories, skills, and organizations that help you to survive and/or to feel a little bit stronger at the present time? And: *What are you doing that helps you to survive or feel a little bit stronger?* This is a conversation. Use the flip chart to record the resources and strengths that group members identify. These become the names of the table legs. Depending on what group members say, note and point out to the group that some supports that people mention are outside of themselves (organizations that provide assistance, community) and some are inside of themselves (determination, care for family) and some may be both inside and outside (religious faith, political commitment, loved ones and the love we have for them). You could use different colors to represent the variety of table legs.

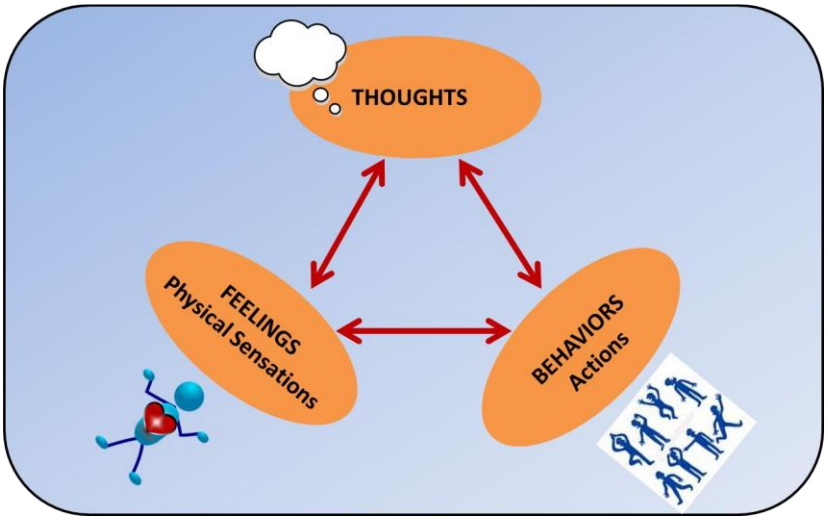
Reflect with the group on the strength of the table with many strong table legs, which is better able to support the burdens. Mention that in the next part of the session we will learn how to strengthen and add to their table legs.

Note to Counselor
Bring the flip chart paper of the table to each group session to remind them of their strengths and resources and to add additional legs as they learn new skills and grow stronger.

Cognitive Triangle (20 Minutes)

(The group can rename this: Triangle of life, survivor triangle or any other ideas)

Explain that we can help stabilize our table by building stronger table legs (reinforcing current strengths and resources) and by adding more legs through learning about some things that are inside of us that can contribute to our feeling better.



Post a predrawn diagram of the cognitive triangle on the flip chart or the wall. Say something like this:

Before explaining this diagram in detail, I would like us to do an activity that will help with the explanation. Who can volunteer to tell us a thought, feeling or behavior related to a challenge that you placed on the table? Or a thought, feeling or behavior/action related to a strength you mentioned for the table legs?

From here, proceed to ask questions that would help **elicit** feelings, behaviors or thoughts related to what group members say, and then guide them to see how these would look in the different points of the triangle, as described below. It may be best to alternate between distressing and positive experiences, and to do it with three to four members before proceeding to explain the cognitive triangle:

One of the goals that we have all talked about for this group is to work together so we feel better and can manage the challenges of our lives more effectively, right? [Ask for agreement on this.]

One important part of this is noticing what things in our lives we have some control over and can change for the better. Our knowledge from working with survivors of traumatic experiences shows that one thing that can help us to feel better is changing the way we talk to ourselves in our minds; in other words, changing the thoughts we have. It's interesting to realize that much of the time, we are not even aware of those thoughts, but they can have a big influence on how we feel and even how we behave.

Point to the diagram of the cognitive triangle and point out the words "thoughts, feelings/body sensations and behaviors."

Then say something like: *Let's take an example that may relate to a lot of the difficulties we discussed earlier.* (Here, if you want, refer back briefly to the list of challenges that clients identified.) *One thought that can make it hard to deal with our challenges is when we think that the situation is HOPELESS.*

Using the diagram, engage clients in a discussion of what happens to feelings and behavior when they start with the thought, "This situation is hopeless." You may need to guide the conversation. Reinforce or emphasize comments that show that the feelings/emotions will be unhelpful (depressed, distressed, angry) and that the behaviors will be unproductive (giving up, doing nothing, staying in bed, criticizing self and others). These feelings and behaviors can lead to worsening physical problems (headaches, stomachaches, body pain).

Normalizing Micro-Skill
Many group members will still have depressed, distressed and angry feelings, and it is important to validate these feelings and normalize that they will still come up.

We can see that when we start with a belief that a situation is hopeless, it affects our feelings and our behavior. We'll also see that other kinds of unhelpful thoughts can have the same effect.

Guide group members to think about other examples that are negative or self-critical.

Then say something like: *In the same way, encouraging thoughts can have a helpful influence on our feelings and behavior. Let's look at this more carefully.*

Encouraging Self-Talk for Dealing with Discouragement: Self-Talk About Strengths and Resources

The way we talk to ourselves can influence how we feel. Some things that we say to ourselves make us feel bad. Some things that we say to ourselves make us feel good. What are some things that you can say to yourself (in your mind) to remind yourself about how brave, strong and smart you are, and to remind yourself about some of the good people and good things in life? How can we remind ourselves of the many good things about ourselves? How can we encourage ourselves when we are feeling discouraged?

Ask group members to try to think of one thing they can say to themselves to remind them of some of the good things about themselves. Have each group member take a turn sharing some of these

encouraging self-statements. **These are the type of statements we would like them to reflect on at the end of the closing practice**.

If you like and if there is time, you can have each member draw his or her hand on a piece of paper. Then, for each finger of the hand, have the group members write one good thing about themselves, or one thing they can say to encourage themselves and remind them of the good people and good things in life.

Here are some examples of **role-plays** for working with distressing thoughts, understanding how they affect feelings and behavior, and strengthening positive thoughts and self-regard. Decide in advance which of these you will use in the session.

Two Minds, Two Hearts (15 Minutes)

(Make sure to choose just one of the three options.)

Option 1

A group member volunteer plays the "client." This volunteer is seated, with a facilitator on each side and a bit behind them, talking into the "client's" ear. (Depending on the comfort level, it may be best to have the group member play this part and a facilitator play the "client" role. Just remember to coach the volunteer before beginning the role-play.)

One facilitator plays the role of "discouragement" and says a lot of discouraging things to the "client," such as:

- Life will never get better.
- There's no reason for hope.
- You will never make it.
- All is lost.
- Your life has been ruined.

This is most effective if the discourager uses things that were actually said by the clients earlier in the session.

The other facilitator plays the role of "encouragement" and says a lot of encouraging things that serve to contradict the discouraging things just said, such as:

- One day it will be better.
- Where there is life, there is hope.
- Don't ever give up.
- All is not lost.
- You still have so much to live for.

Please be honest and realistic in the encouragement. It is not useful to make exaggerated, unrealistic statements such as "you will be the happiest person in the world," "you will forget all about these problems," "you won't have bad feelings about the war anymore," or "things will return to how they were before the war."

The “client” in the role-play struggles to figure out which voice to listen to, while both voices are trying to persuade the client to listen. Discouragement says, “don’t listen to Encouragement; listen to me!” and Encouragement says, “don’t listen to Discouragement; listen to me!”

Finally, the person tells Discouragement to go away, and even physically pushes him away, and Discouragement shrinks and goes out of the counseling room, whimpering. The person turns to Encouragement and says, “You are the one I am going to listen to today. I am not going to listen to the other.”

Option 2

Another way to conduct this role-play is for the group members to sit in a circle and the Discourager to walk around the outside of the circle saying discouraging things (especially those that they have heard clients say before). The Encourager sits in the circle with the clients and helps them to reply to the Discourager, arguing against what is being said with encouraging, hopeful replies. The group does this together rather than as individual in order to establish a supportive group dynamic in which they are fighting against discouragement together.

Option 3

Here’s another example of a role-play you can try, but only after some encouraging thoughts have already been modeled for the group members, and after doing a sample role-play between co-facilitators:

Replacing unhelpful thoughts with helpful thoughts, talking back to discouragement.

The facilitator steps out of the room, walks back in and says, “Hello, my name is Discouragement. I am here to discourage you and to make you feel bad.”

Then, the facilitator approaches each group member one at a time, and plays the role of the negative, discouraging thoughts. For example, you might say things like “You will never make it,” “Your life will never get better,” and “You have nothing left.”

The group members’ job is to talk back to Discouragement, replacing the unhelpful thoughts with the helpful thoughts. For example, they can say things such as:

- You don’t know what you’re talking about!
- I am still alive.
- I have much to look forward to.
- I have survived difficult times before, and I will survive this too.

Another option is that the facilitator who plays the role of Discouragement can be invited to hold up his or her hands and stand at some distance from the group member, and the group member can be asked to place his or her hands against the facilitator’s and push, as a way of physically experiencing and expressing in a bodily way the idea of pushing back against discouraging thoughts. The facilitator goes around the circle and give each group member a chance to talk back in this way.

Note to Counselor
For any of the options you choose, make sure to stay away from personal negative comments as you take role of Discourager. Group members are vulnerable and even though they understand that this is a role-play, there is still a tendency to personalize these types of negative comments.

Discussion

After the role-play, ask the group members what they observed.

Look for and validate responses, such as:

- There are two different parts of a person's mind — an encouraging part and a discouraging part.
- The person almost gave in to the discouraging part.
- The person made the choice to resist the discouraging part.
- The person listened instead to the encouraging part.

Ask group members how their thoughts, feelings and behaviors have changed since the trauma happened. Have a few members name the changes before you move on to the next question. This should not take more than five minutes.

Then, ask the group members: *Today you talked back to discouragement; how would you keep talking back to discouragement?*

Ask each of them to each take a turn and describe how they might do this.

Then ask: *When we are feeling low, when we are losing hope, what are some things we can say to ourselves to make ourselves feel better?*

Let each person think of one self-statement, and for those who know how to write, have the participants write down the positive self-statement and share it with the group. Suggest to them that they try saying it to themselves several times per day, including before they go to sleep at night.

Wrap up the exercise with the table metaphor: Emphasize that by strengthening their thoughts, they will feel better, and having just "added a leg to the table," they will be stronger when carrying the weight of challenges. Draw in an additional table leg to the table on the flip chart and name it "Encouraging thoughts."

Closing the Circle

Recap of Today's Session and Home Practice (5 Minutes)

Celebrate and praise the work the group has done.

Home Practice Assignments

New skill:

- *During the week, notice several times a day (including before you go to sleep at night) what you are thinking or feeling, and talk back to these thoughts and feelings using your positive statement to yourself.*

Continued practice:

- Reinforce the **grounding** exercise from the first session. Ask them to practice this at home during the week, at a regular time every day.
- Encourage them to **connect** with each other outside of group and to teach their family members what they are learning in group.

Closing Practice (10 Minutes)

Ask the group members to think of something they learned today in group that they hope will help them feel better. Give examples and have a few people name them out loud.

Then do the Closing Practice (follow instructions from Session 1).

Session 3: Connecting our Minds and Bodies

Preparing

Theoretical Rationale: What Are We Doing and Why?

As we mentioned in Sessions 1 and 2, our bodies and minds are closely connected. Our bodies affect our minds and emotions and our mind and emotions affect our bodies. When our bodies experience an injury, it affects how we feel and think about the world. When we are sad or scared, it can affect our energy level and our ability to function in our everyday lives. We might say our bodies and our minds are in constant dialogue, and the words in that dialogue include physical sensations and physiological reactions; feelings and emotions; thoughts, and behaviors, or how we act. We want to pay attention to our bodies because traumatic experiences are stored in the body as memory. When something traumatic occurs, the fear that is literally **imprinted** into our physiological and psychological experience can override and undermine that mind-body connection. This leads to a disconnection between what we sense, feel and know in our bodies from what we think in our minds. This is one of the things that makes being traumatized so difficult, scary and overwhelming. Understanding how trauma affects our mind and body can help us know how to improve our symptoms. Learning skills to help process the traumatic memories that "live" in the body helps us feel better.

For further reading:

Rothchild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. W. W. Norton.

Levine, A. (2010). *In an unspoken voice: How the body releases trauma and restores goodness*. Berkeley, CA: North Atlantic.

Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Viking Press.

Session Goals

- To build on Session 2's psychoeducation regarding the cognitive triangle (how thoughts, feelings/physical sensations and behaviors affect each other).
- To help group members understand how their mind and body affect each other.
- To help group members understand the relationship between past experience, how it's stored in the body as memory and how it affects us today.

Materials

- Snacks.
- Name tags.
- Group rules.
- Flip chart and markers.
- Predrawn diagram of the cognitive triangle (showing thoughts, feelings and behaviors) and table drawing.
- Predrawn image of a toolbox.
- Tip of the iceberg drawing.
- Markers or crayons.
- Small sheets of paper with a body outline already drawn on them or blank pages for the clients draw the outline.

Session 3 Summary

Topic/Activity		Materials Needed	Timing
	**Opening the Circle** Welcome & opening practice	Name tags Group rules	**5 minutes**
	Check-in & recap	Table drawing, cognitive triangle	**10 minutes**
	Home practice check-in		**5 minutes**
	**The Work**		
	Introduction of today's topic & psychoeducation	Cognitive triangle	**5 minutes**
	Movement breathing	Cognitive triangle	**10 minutes**
	Recognizing feelings in the body		**5 minutes**

Topic/Activity		Materials Needed	Timing
	Exploring feelings	Tip of the iceberg drawing	**10 minutes**
	Connecting feelings with body sensations: Reconnecting the mind & body	Body map, markers & cognitive triangle	**30 minutes**
	**Closing the Circle** Recap of today's session & home practice		**5 minutes**
	Closing practice		**5 minutes**
Total session time			**90 minutes**

Opening the Circle

Welcome and Opening Practice (5 Minutes)

Welcome everyone to the group and perform the opening practice as agreed in Session 2.

Check-In and Recap of Previous Session (10 Minutes)

Ask a few people if they remember what we discussed last session. Show the table drawing and then remind them of the idea of internal and external resources and how we want to increase our table legs by connecting to others and practicing skills that help us feel stronger.

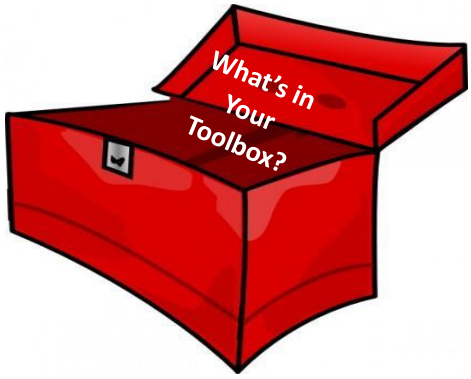
Refer to the diagram of the cognitive triangle and remind them about the connection between thoughts, feelings/physical sensations and behaviors/actions. Remind the group that we explored how unhelpful thoughts like "nothing will ever get better" can create distressing feelings (hopelessness/discouragement) and unhelpful behaviors (not leaving the house, giving up), and how helpful thoughts like "I can do things to help myself" can help us to feel better and stronger and take helpful actions in our lives. This helps us strengthen our table legs.

Home Practice Check-In (5 Minutes)

Ask the group members if they remember the home practice assignments and if they were able to do them this week:

1. Grounding.
2. Connecting with others from group and teaching family members skills (sharing the "fruits" of the group).
3. Encouraging self-talk (or other ways they might have changed their thoughts, feelings or behaviors this week).

Remind them of the purpose of doing these activities. Ask what they noticed when they did them. Ask them if there were **other coping skills** they used that they can put in their tool box. You could have them draw a toolbox and start to add additional skills.



Remind them of the importance of practice so that these skills become a regular part of how we take care of ourselves. This is why we take the opportunity to practice new skills in group, in order to make them more comfortable to use.

Briefly practice the **grounding** skill again. They should notice feeling their body connecting to the floor and chair. Give the group members a reminder of how this creates physical support and represent kinds of support we receive. **After a few moments of noticing their breath and the support, have them think of an encouraging statement about themselves.** Ask them how they feel after doing this exercise.

The Work

Introduction of Today's Topic and Psychoeducation (5 Minutes)

Today we're going to continue working with thoughts, feelings and behaviors to continue to build our skills in strengthening ourselves. This helps us in our daily lives and it will also strengthen us to recover from the traumatic experiences that have caused us so much pain.

When you have thoughts about what happened in the past, how does your body feel? What physical sensations do you have? (Have them briefly mention a few physical discomforts they may have.)

We can see that not only do traumatic experiences affect our thoughts and emotions in the form of anxiety, distress, sadness and anger, but we also feel the effects in our bodies. We may feel pain, discomfort, racing heart and headaches. Memories are not just in our minds; they also "live" in our bodies. So in the same way we have to take care of our minds, we also have to care of our bodies to help us work through the difficulties that have been caused by our experiences.

Return to the diagram of the triangle. Remind the group of the connections and emphasize that we can work with any point in the triangle to start a process of strengthening.

Last week we focused on how changing our thoughts can help improve our feelings and behaviors. Today we are exploring how certain behaviors or actions that we can also call ***coping skills*** *(remember the tool box!) can help us have calmer thoughts and feelings and help our bodies feel better.*

Movement Breathing (10 Minutes)

(As with other exercises, group members can change the name of the exercise if they wish.)

"Behaviors" or "actions" include coping skills that help us manage our distressing thoughts, feelings and body sensations. Today we're going to start with a very simple behavior skill called ***movement breathing****, which:*

- *Calms down feelings of anxiety and fear* (feelings/body sensations).
- *Helps us focus when we feel scared, distracted or disoriented* (feelings/body sensations).
- *Grounds and centers us when we feel disoriented* (feelings/body sensations).
- *Quiets our mind when it is "too busy"* (thoughts).
- *Helps us relieve pain sensations* (feelings/body sensations).

In the following exercise, we'll learn to combine movement and breathing. The movement will help ***regulate*** *breathing, allowing your breath to slow down and deepen naturally. It is very easy to learn and gets better with practice. It can be done sitting as well, and you should only do it standing if you are healthy enough to be able to bend downwards. Breathing exercises bring fresh oxygen to our brain and body and reduces our distressing symptoms.*

Note to Counselor
Demonstrate this before you have the group members practice it, emphasizing fluidity and coordination between movement and breath.

Step 1	Stand up with your feet shoulder-width apart and hands at your sides.
Step 2	Exhale through your mouth as you bend gently and slowly, and with both hands, make one big, gentle, smooth movement like you are gathering the air up from the ground. With your inhale, gather the air and bring it to your nose as you slowly straighten your body until you are a little bit bent backward with your head looking up and your chest stretched out and your lower belly full of air. Pause briefly.
Step 3	Exhale through your mouth as you slowly release your arms outward, as if sending any tension or distressing thoughts out through your arms. As you do this, let your chest flatten and let your lower belly fall empty of air. Pause briefly.
Step 4	Once again inhale and use your arms to scoop in fresh, cleansing air, and on your exhale release all of the tension out of your body.

Step 5	Repeat five to six times, and each time focus even more on taking in a full lower belly breath, and completely emptying all the tension and letting your belly fall and chest flatten on the exhale. You can even silently tell yourself, "relax," as you empty the air out. Also each time focus even more on the smooth, soothing, fluid movement of hand and body.

When you are done, check in with the group and ask them what they noticed, how easy or hard this exercise was, and how it made them feel. You can also talk about how and when it might be useful (when they feel distressed or are experiencing pain in their bodies). Connect this with the cognitive triangle and have them point out how it might have changed their thoughts, feelings and/or body sensations.

Recognizing Feelings in the Body/Psychoeducation about Feelings and Connection to Physical Sensations (5 Minutes)

Next say something like: *You will notice that the strengthening skills we have been learning are designed to help us deal with painful, frightening, sad and other difficult feelings. At CVT, we have learned that sometimes, people who have been through traumatic experiences have difficulty recognizing their feelings (emotions). This is part of the normal response to difficult experiences. In some ways it protects us, but in other ways it causes trouble because those feelings stay stuck inside of us, make us feel pain in our bodies and affect our thoughts and behavior.* (Refer to the triangle again here.) *One of the strengthening skills we will learn today is recognizing our feelings. And one of the best ways to recognize our feelings is to find where we feel them in our physical bodies and how they are connected to body sensations (e.g., warmth, tingling, tightness, pain). When we recognize our feelings and body sensations we can work with our thoughts and actions to help us feel better in our heart and body.*

Discussion: Exploring Feelings (10 Minutes)

Point out that we can recognize feelings in others through body language, including facial expressions and behavior. We can also recognize feelings in ourselves by sensations in our bodies. These feelings in our bodies can be connected to difficult experiences from the past that we are still holding in our bodies.

You may wish to introduce a **metaphor** such as "broken heart" or something else that is culturally appropriate.

Facilitate a discussion using the following questions as a guide:

- *What are feelings?*
- *Can you name a few feelings?*
- *Can we feel more than one feeling at the same time? Do these feelings seem contradictory at times (e.g., feeling sadness and joy at the same time)?*
- *How do we know we are feeling something? What are the sensations we feel in our bodies? What does it feel like to have a broken heart?*
- *Do some feelings hide other feelings?* (You might want to use a predrawn "tip of the iceberg" picture or another drawing to show how some feelings such as anger might be easier to feel than guilt and shame.)

Engage the group in a discussion about guilt and shame and how these can be difficult feelings to acknowledge, but they can be the ones that keep us the most stuck. We will also be talking about these feelings in Session 7, so just briefly touch on these feelings, mostly related to how they feel these feelings in their bodies. Pose the following questions:

- *Where do you notice these feelings of shame and guilt in the body?*
- *Are there times you don't feel anything? That you feel numb or stuck?*

Connecting Feelings with Body Sensations: Reconnecting the Mind and Body (30 Minutes)

From the discussion, let them know that we will do some exercises to help them identify their feelings (sadness, anger, happiness, fear, love) and how these are connected to body sensations (heaviness, warmth, pain, fluttering, numbness), and that we will see how the simple exercises we are learning can help relieve their distressing physical sensations. **Hand out the body map and markers for them to have near, as they will be used in the following exercise.**

- *Sit comfortably and relax your eyes. Briefly bring to mind a distressing event that happened this week. Notice and name in your head the feelings you have when you think of this event. Notice what you feel in your body right now and where.*

Give a facilitator example to illustrate the point.

- *Now take your body map and color with **red** the areas of pain or discomfort in the body.*
- ***Find a partner** and discuss your body map briefly.*

Come back together as a big group and have them do the **movement breathing exercise** that they learned in the beginning of the session.

- *Now sit quietly, and notice and name in your head the feelings you are having right now. Notice where you feel any **pleasant** sensations in your body.*

Give a facilitator example to illustrate the point.

- *Take your body map and pick a soothing color, and color in the body map where you feel these pleasant sensations.*
- *In **new** pairs, briefly discuss your body map.*

In the big group, put the body maps in the middle of the room and reflect on the following questions:

- *What do we notice when we look at these pictures?*
- *What were some examples of difficult feelings and where are they in the body?*
- *How did your feelings/emotions change after doing the movement breathing exercise?*
- *How did your body sensations change after the breathing exercise?*

Refer back to the triangle:

- *What did we learn about how feelings are connected with body sensations? We can see that by doing an action such as movement breathing, we can change how we feel in our hearts and our bodies.*

Remind them that grounding, the movement breathing exercise and the closing practice are examples of behaviors/actions that can make our minds, hearts and bodies feel better.

- *What other actions could we take that could make our bodies feel better?*

This is a good opportunity to identify other coping strategies that group members are currently using or could use (exercise, writing, drawing, stretching, praying, etc.). Make a list. Remind them that they can put these coping strategies in their **tool kit**.

- *So what we see here is that we've all experienced hardship. Those hardships show up in the way we feel in our bodies and emotions, as sensations and feelings. And that's part of what gives us trouble now and where our symptoms come from. We also can have good feelings in our bodies. We can grow our strengths and good feelings in our bodies through our behaviors, such as when we use helpful coping strategies.*
- *This is what we are going to be working on for the entire 10 weeks of sessions as a group: establishing a foundation for what helped and continues to help you survive and feel a little stronger. These skills are important so that when we talk about the difficult things, you know where your support comes from. Just like the chair is supporting you now.*

Closing the Circle

Recap of Today's Session and Home Practice (5 Minutes)

Celebrate and praise the work the group has done.

Home Practice Assignments

Review home practice assignments. Since it might be difficult to remember, have them write these down on a piece of paper, or if they can't write, draw a symbol so they will remember what to practice.

New skills:

- *Practice noticing your feelings, both difficult and pleasant. You can practice noticing where you feel these in your body, and the specific sensations that go with them.*
- *Try different coping strategies from the list (behaviors/actions) and see which ones make you feel better.*

Remind them that we are learning several ways to feel better and stronger and that one of our goals in the group is to help everyone discover which skills works best for them and to build habits of using them so that they can become part of daily life long after the group is over.

Continued practice:

- *Continue to set aside one time a day to practice grounding and movement breathing. Teach your family members if you wish. Also, practice these skills when you feel stressed.*
- *When you wake up every morning, start your day with an encouraging thought about yourself or your day ahead.*
- *Keep working on connecting with others.*
- *Practice some of the movements from the closing practice.*

Closing Practice (5 Minutes)

Ask the group members to think of something they learned today in group that they hope will help them feel better. Give examples and have a few people name them out loud.

Then do the Closing Practice (follow instructions from Session 1). Remind them that as they become more comfortable with this practice, they can do all or parts of the exercise at home.

Session 4: River of Life: Honoring Our Life Story

Preparing

Theoretical Rationale: What Are We Doing and Why?

In natural trauma healing processes, the brain integrates difficult memories into an autobiographical narration that follows a chronological order. This autobiographical memory includes the context in which the events happened and integrates difficult memories with neutral or positive memories. Severe traumatic experiences often disrupt this process and create memories that are "unprocessed" – they become fragmented and disconnected from context. These memories trigger overwhelming feelings, and the traumatic events feel as if they are happening in present time. These traumatic memories intrude into the brain, taking over and making it difficult to access other non-traumatic memories.

By placing events in chronological order, the memories can be integrated into an autobiographical narration, allowing the client to position the events in time and place. Creating a chronological lifeline also helps clients recall non-traumatic and pleasant experiences and gain perspective on their life. They are able to see the "big picture" of their life: a life full of both painful and joyful experiences.

For further reading:

Arden, J. (2011). PTSD, neurodynamics and memory. *Psychotherapy in Australia, 17*(2), 14-24.

Schauer, M., Neuner, F., & Elbert, T. (2011). *Narrative exposure therapy: A short-term treatment for traumatic stress disorders (2nd ed.)*. Cambridge, MA: Hogrefe.

Session Goals

- To help group members begin to construct a coherent chronology of their lives with a past, a present and a future.
- To help group members gain a broader perspective of their traumatic experiences by seeing a visual overview of their lives that includes both painful and joyful experiences.
- To foster hope for positive change in the future.
- To deepen the level of safety and trust within the group, in order to prepare for the upcoming sessions that will deal with difficult material.

Materials

- Group rules.
- Snacks.
- Cognitive triangle, table, overview of sessions.
- Flip chart paper and markers.
- Paper for river of life, colored pens and clipboards.
- **Predrawn example river of life** with examples of symbols and labels, with a variety of symbols in the example.

Session 4 Summary

Topic/Activity		Materials Needed	Timing
	Opening the Circle Welcome & opening practice	Group rules	**5 minutes**
	Check-in & recap		**10 minutes**
	Home practice check-in	Cognitive triangle	**5 minutes**
	The Work		
	Introduction of today's topic and psychoeducation		**10 minutes**
	Drawing the river of life	Predrawn river of life example, paper for river of life, colored pens	**30 minutes**
	Group discussion		**20 minutes**

Topic/Activity		Materials Needed	Timing
	**Closing the Circle** Recap of today's session & home practice		**5 minutes**
	Closing practice		**5 minutes**
Total session time			**90 minutes**

Opening the Circle

Welcome and Opening Practice (5 Minutes)

- Again, warmly welcome everyone to the group. Acknowledge their motivation and courage to continue to come to the group.
- Perform the practice as agreed in the previous sessions.

Check-In and Recap (10 Minutes)

Check in about where people are with the thoughts, feelings and sensations they may be having now or may have had since the last session. This should be brief and lead into the recap and home practice check-in. Ask group members if they remember what we talked about last week, eliciting responses from a few participants.

Home Practice Check-In (5 Minutes)

Ask the group if they were able to do the home practice assignments:

- *Were you able to practice the grounding and movement breathing exercises? How did you feel after you did them?*
- *Did you notice feelings and sensations in your body? Did you notice what actions/behaviors helped you to feel better in your heart and body?*
- Refer to the triangle: *Were you able to do make changes to your thoughts, feelings or behaviors that helped you feel better?*

Briefly, have them practice grounding and movement breathing. Alert them that they might feel difficult emotions during the session and that they can use **grounding** to help calm themselves down and stay in the present moment. Ask the group members to be aware of whatever thoughts and feelings arise and to be gentle with themselves.

The Work

Introduction of Today's Topic and Psychoeducation (10 Minutes)

Today we are going to create a picture that represents the river of your life. Like a river, your life is unique and has certain rough areas and smooth areas. There are times when a river is churning and rough, creating destruction and spilling over the sides. At other times, the river moves more slowly and peacefully through beautiful landscapes.

The purpose of this exercise is to see your life as a whole, with painful events as well as moments of joy and calm. Creating a picture of your life helps give you a more accurate view — you become a bird flying over the river and can see the big picture of your life. Traumatic experience and other dangerous and stressful life circumstances often make us focus only on the painful or difficult moments that keep intruding on the brain, and we can have trouble remembering the happy memories or events that have happened. Traumatic experiences often break up our memories into pieces, like broken glass, and we can become confused between past and present. For instance, trauma can cause us to feel that events that have happened in the past are happening in the present. This exercise will help you place events in the past so that they do not have so much power.

Placing the events in chronological order will help you make sense of your story. You will be able to see that these events are already over. Even if you have circumstances that are challenging currently, you can at least have the hope and awareness that there are other parts of the story. When you look at the whole picture, you will see that the traumatic events are only part of your life. You will see the beauty and calm parts of your life as well. This overview of your life's river will help you weave your most difficult moments into the big-picture story of your life and allow your river to flow into the future, a future that holds both hope for joy and strength to deal with difficulties.

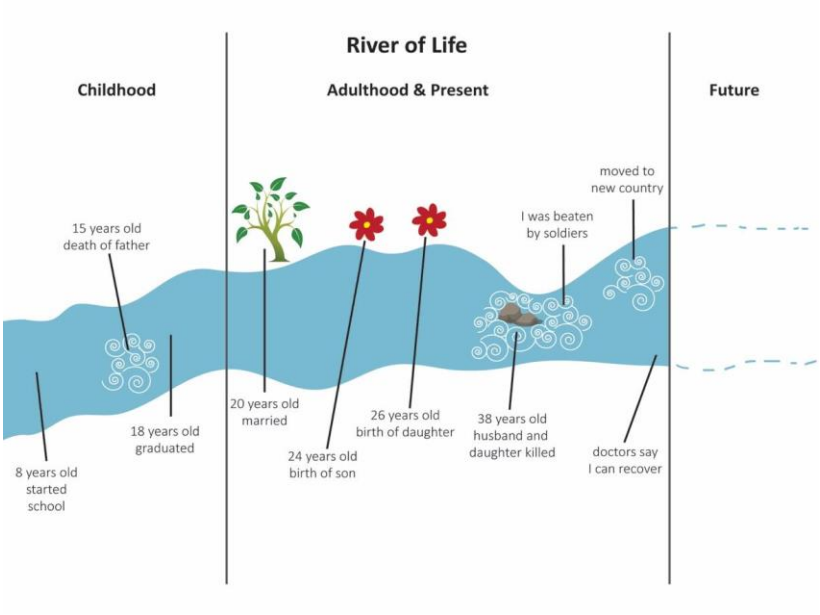
Today we will not be going into any detail about each major event or even think about them too much, we just want to name or label the different major events in the order in which they happened. We will have time in future sessions to go into more detail. It is normal to experience some emotions while doing this exercise, since even positive experiences can bring tears. If you start to feel overwhelmed, practice the grounding and breathing exercises we reviewed at the beginning.

Containment Tips
Make sure the concept of labeling or headlining is well understood. You can use the metaphor of a headline for a story in the newspaper and emphasize that we want them to use only the headline. The predrawn example should help to show them what a label or headline looks like.

Let them know that as they go through this exercise, there will likely be tears in the room, and that we welcome these emotions. Have tissues readily available and accessible. Instruct them to take a few breaths or do some grounding if they are having trouble managing the feelings, and then return to the exercise.

Facilitators do not need to rescue group members if they become upset; the feelings can just be present, and then the participant can return to the exercise once the emotion has passed. If a group member is becoming too overwhelmed by the emotions and is unable to control them, then the facilitator can prompt him or her to do some grounding and take a break if necessary.

Drawing the River of Life (30 Minutes)



Note: This is an example of a river of life, but it can be adapted as needed to suit the context. Facilitators should pre-draw a river that gives appropriate examples for their group. Use a variety of symbols. Please be sure to emphasize that the group members can also choose their own symbols when they draw their river.

Hand out paper and colored pens, and show the predrawn river of life example as you go through the instructions.

- *Start with your birth, which will be the start of the river.*
- *Use dotted lines to divide up your river into 1) childhood, 2) adulthood (including the present) and 3) future. Draw the symbols for events in chronological order, adding a short label and the year the event happened or how old you were. For example, "Brother was killed in an explosion, July 2012," "Brother was killed in an explosion when I was 21," or "Daughter was born, September 2009."*
- **Ideas for symbols**: Symbols of rapids/rough water to represent difficult experiences (use size or color to show the level of difficulty). Symbols of smooth, calm water for periods of time when things were going well in your life. Trees or flowers along the side of the river to represent particularly happy moments (e.g., birth of a child or marriage). Encourage them to use symbols that are meaningful to them.
- *Because traumatic memories tend to "take over the brain" and crowd out the other memories, you may have to spend time trying to recall the calm and happy moments because these are very important to include. It is also important to include them in the right "size," as they may have shrunk in your memory, and this is a time you can have them grow again.*
- *For the future, leave space for the river to flow. You can symbolize this with dotted lines.* ***Draw a symbol of hope or vision for the future.*** *By having a bird's view of our past, we can imagine a future that has positive experiences, even though there may also be challenges.* They can draw the bird in the picture to symbolize this bigger perspective.
  *We have also learned in past sessions how to recognize and build our strengths and resources that can help us deal with the challenges of life****. Draw symbols in the dotted lines or along your shore that represent your strengths and resources that can help you handle difficulties that may come your way.***

Adaptation
If counselors anticipate that the group will have difficulty with a river metaphor, they can give the option to draw a line chronology or use the metaphor of a path. If an alternative is used, the chronology should remain the same as in the instructions above.

Normalization
If this is a group with primary torture survivors and/or survivors of gender-based violence (GBV), clients may have difficulty "naming" an event they have particular shame about. The counselor can normalize this with the group by explicitly naming these types of events to show that they may not be alone: *Many events we may feel a lot of shame about* (name examples), *and we may have trouble naming. You can represent these events symbolically and give them a more general name, such as "the most difficult moment," or "the terrible event," but keep them in the chronology of the story.*"

Note to Counselor
Counselors need actively walk around to help the group members. As you view the drawings, pay attention to "proportionality": check in to see that group members are giving space on their river for all their life events, not just the traumatic ones. Assist them with identifying pleasant memories as they may struggle to remember them. They may be confused at times with the chronology and may need help with this. If they cannot remember a date or age, they can associate it with another event or reference point: e.g., "My brother was killed soon after the elections" or "I was married right before the war."

Group Discussion/Sharing (20 Minutes — 10 Minutes in Small Groups and 10 Minutes in Big Group)

Break into groups of three per group. Ask the participants to show their picture, and mention the events to their small group.

Return to the big group and put the pictures in the middle of the room, so that the group members are like birds looking over their rivers. Ask the group the following questions (you don't have to ask all of them, rather these are suggested prompting questions for the discussion):

- *What do you see when you look at all the pictures together?*
- *How was it for you to see your life as a whole?*
- *What surprised you?*
- *What did you learn?*
- *Did you use any grounding or other skills while you were drawing? What did you notice when you used these skills?*

End the session with a movement exercise since likely the participants will be feeling tense. You can have them stand and shake out the tension from their arms and legs and/or do the movement breathing exercise.

Closing the Circle

Recap of Today's Session and Home Practice (5 Minutes)

Celebrate and praise the work the group has done.

Home Practice Assignment

New skills:
The home practice will focus on preparation for working with a traumatic memory in Weeks 5 and 6.
Remind them that in the next two sessions they will be going into their stories in more detail and that this can feel scary. Remind them that in our experience, this usually helps people feel better and to lift the burden of the painful stories they are holding inside. They can prepare by

continuing to strengthen through their home practice assignments.
The home practice this week doesn't bring in any new skills, but asks the group members to continue to work on their developing skills, focusing on the following:

- *Strengthen the practice of grounding and/or movement breathing exercise every day. Continue to work on changing thoughts, feelings and actions to feel better and adding helpful coping strategies to your tool box.*
- *Practice noticing things that are going well or that are pleasant to help retrain your brain to see the joyful moments in life.*

Continued practice:

- *When you wake up every morning, start your day with an encouraging thought about yourself or your day ahead.*
- *Keep working on connecting with others such as your family, friends and group members*
- *Practice some of the movements from the closing exercise.*
- *Practice noticing your feelings, both difficult and pleasant. You can practice noticing where you feel these in your body, and the specific sensations that go with them.*
- *Try different coping strategies from the list (behaviors/actions) and see which ones make you feel better.*

Closing Practice (5 Minutes)

Ask the group to think of something they learned today in group that they hope will help them feel better. Give examples and have a few people name them out loud.

Then do the Closing Practice (follow instructions from Session 1). Remind them that as they become more comfortable with this practice, they can do all or parts of the exercise at home.

Session Option (Alternative or Addition)

If there are specific contraindications to proceeding to the next two sessions of processing traumatic memories (i.e., the program does not have adequate training/supervision to conduct these sessions or the client population has a different symptom pattern), an alternate session can be substituted that focuses on depression and anxiety. For high-risk and vulnerable populations such as primary torture survivors, a session focused on additional skill-building and strengthening can be added before proceeding to Sessions 5 and 6. Such decision should only be reached after consultation with a clinical supervisor or with clinical peers if a supervisor isn't readily available.

Clinical Check-In

In preparation for Sessions 5 through 8, all clients will receive an individual clinical check-in, preferably in person.

One of the group counselors conducts an individual clinical check-in with each client at the midway point in the group cycle:

1. To assess client satisfaction and comfort with the group counseling experience.
2. To discuss perceived progress with symptom and functioning challenges identified at intake.
3. To discuss client's participation, to strengthen commitment to the remaining sessions and to follow up on safety concerns.
4. To identify any individual contraindications for working directly with a traumatic memory. These should be discussed with a supervisor to explore options.

Sessions 5 and 6: Working Through a Traumatic Memory

Preparing

Theoretical Rationale: What Are We Doing and Why?

In order for the client to recover from the effects of trauma, the mind and brain must begin to change the fear response. By opening up and allowing the individual to experience the fear/trauma in a safe context, changes to and reorganization of the memories begin to happen, such that the fear will begin to lessen over time. Normally, this process of change occurs naturally after an emotional event, without any specific intervention; but in the case of trauma survivors, often due to their avoidance of the fear/trauma, this natural process is not given space to happen. Often no matter how hard survivors try to avoid them, fear memories come back. This is the nature of the human mind: we try to make sense of what happened and overcome it. The fear memories enter into everyday life, both at night and during the day. Survivors may suddenly get upset, anxious or detached from reality without knowing why. Reliving those feelings, pictures and bodily sensations feels miserable but is actually a normal, healthy reaction indicating that the mind is actively attempting to digest the trauma, to make it understandable. But this usually falls short and doesn't work, because survivors push the memories away before they can be digested, because they are so painful and horrifying. This creates an endless cycle of remembering and avoiding, remembering and avoiding. We want to give clients space to begin to face these fears and break this cycle. We want to explore one difficult memory together with the client and hopefully open a path for them to understand and digest other very difficult memory fragments.

Memory experts report that normal memories (such as what happened yesterday, if it was a regular day) are often remembered as a continuous story told in the correct order with all the important parts (who, what, where, when, how it felt, what I thought, what happened to my body, what I saw/heard/smelled/touched) — like a woven rope that fits together in a storyline. These kinds of memories, known as autobiographic memories, are stored in the thinking parts of the brain and can be recalled when needed. In contrast, memories of highly fearful events are stored as fragments (of feelings, senses, thoughts, bodily reactions), like pieces of a rope that are tangled and frayed, rather than integrated or woven together into one rope. There is no full story that puts the fragments in the right order, like a normal memory. Traumatic memories are stored in the emotional part of the brain, not the thinking part. Not only are they in a different part of the brain, but they operate by different rules. They are remembered in pieces only, and as if they are happening now. This explains why traumatized people can have sudden flashbacks when reminded of only one piece of the traumatic event, such as a similar smell or feeling. It also explains avoidance, because the memory still feels terrifying, as if it is happening now. The narration is a chance for the client to be supported by the counselor, to weave these fragmented pieces of memory into an orderly, complete story so that the full story begins to exist in the thinking part of the brain. This gives the person more control over the memory, leading to some relief.

By facing and working through a stuck or fragmented memory that they have been avoiding, survivors also find that their overall depression and anxiety symptoms improve.

For further reading:

Arden, J. (2011). PTSD, neurodynamics and memory. *Psychotherapy in Australia*, 17(2), 14-24.

Schauer, M., Neuner, F., & Elbert, T. (2011). Narrative exposure therapy: A short-term treatment for traumatic stress disorders (2nd ed.). Cambridge, MA: Hogrefe.

Session Goals

- To diminish fear and avoidance by providing the opportunity for group members to process and digest traumatic memories.
- To give group members the experience of facing their fears and giving voice to their experiences in a safe, supportive environment.
- To provide group members with an experience of empathy, validation and support as they describe their most difficult moment.
- To allow group members to practice new skills in order to cope with very strong emotions, numbing and dissociation.
- To allow group members to give and receive emotional support to and from one another.

Materials

- Snacks.
- Flip chart and markers.
- Group rules, overview, cognitive triangle and table taped on the wall.
- Predrawn river of life drawing/photo.

Session 5/6 Summary

Topic/Activity		Materials Needed	Timing
	Opening the Circle Welcome & opening practice	Triangle and table (taped on the wall)	**5 minutes**
	Check-in & recap		**5 minutes**
	Home practice check-in		**5 minutes**
	Revisit confidentiality and other group rules	Group rules	**5 minutes**

Topic/Activity		Materials Needed	Timing
	**The Work**		
	Introduction of today's topic & psychoeducation		**10 minutes**
	How to respond to others		**5 minutes**
	Working through a traumatic memory		**20-25 minutes per client (total of 40 minutes). Leave at least 15 minutes at the end for containment and to close the circle.**
	Containment & integration		**5 minutes**
	**Closing the Circle**		
	Recap of today's session and home practice		**5 minutes**
	Closing practice		**5 minutes**
Total session time			**90 minutes**

Note to Counselor
These sessions can be especially hard for the counselor. Maintaining awareness of how the painful stories are touching you — emotionally, physically, and mentally — is important for your own well-being, and will also make you a better counselor for your clients. Try to notice when your thoughts drift elsewhere while someone is talking, and redirect your attention to your breathing every few minutes. Use grounding to help yourself stay present. Be sure to seek support from your co-facilitator and your supervisor, and mindfully engage in self-care.

Opening the Circle

Note to Counselor
Be very aware of your nonverbal signals (e.g., posture, tone of voice, eye contact, facial expression, gestures) in order to convey to the client that you are listening, you are interested, you care about his/her experience and you are emotionally attuned to his or her emotional state.

Welcome and Opening Practice (5 Minutes)

Check-In and Recap (5 Minutes)

Check in about where people are — thoughts, feelings and sensations they may be having now or may have had since the last session. You can say something like: *Remember that last session we created a river of life for each person. This is a summary or representation of each person's sacred journey through life. You may have felt many emotions through the week. What did you feel/experience and what skills did you use to cope with your feelings/memories/thoughts? What skills seemed to help you the most?*

To recap, you may want to say something like: *Last week, we talked about the river of life; we drew our rivers to help us look at our life as a whole with symbols that represent difficult experiences and symbols that represent periods of time when things were going well. What else comes to mind as you remember what we did last week?*

Try to highlight comments relating to a holistic view of life, a balance of difficulties and good times, and coping and resilience.

Home Practice Check-In (5 Minutes)

Ask group members about the home practice by saying something like this:

Remember that we talked last week about how difficult events in our lives make it hard to notice or think about periods when things were going well. We said we would take the week to notice things that are going well in spite of all the challenges. So let's see if you were able to do this. What are some of things

you noticed? What did you have to tell yourself to help you to intentionally look and notice these things that are going well? (Point to the cognitive triangle.) *How did this change your feelings or behaviors?*

Revisit Confidentiality and Other Group Rules (5 Minutes)

Remind the group of rules that apply to this particular group regarding confidentiality, good listening skills and respect, such as waiting your turn before sharing your story/memory.

Note to Counselor: Dealing With Avoidance

It is likely that some group members will still make an effort to avoid talking about traumatic events, even after careful and informative psychoeducation. Always keep in mind the memory of trauma causes extensive distress to the member, and it's not that they didn't understand your explanation, but that the avoidance has been ongoing and is not easy to overcome. Note that avoidance and the conspiracy of silence have many subtle faces, and strategies vary from person to person. Some will speed up their narration and skip the details, others will directly refuse to talk about it, and others will try to sidetrack the discussion by changing the subject instead of sticking to the traumatic event. Though you will have already discussed this during the psychoeducation phase, you may need to explain these mechanisms again if avoidance occurs. You should openly acknowledge the group member's attempt to avoid, and validate that the process is painful and that you understand the desire to avoid. Explore with questions such as, *What makes it difficult for you to share*? Give options on who would like to go first. Assure them that you will be able to handle hearing her/his story**. It might be important to tell the group members about your own experiences working with other clients, and the relief that clients you have worked with previously report after they go through such a process.**

The Work

Introduction of Today's Topic and Psychoeducation (10 Minutes)

Today we would like to invite you to focus on a moment in your river of life that you have the most trouble forgetting, that you try to avoid thinking about, or that upsets you the most when you do think about it. This topic is likely to be very painful, so to begin, we are going to practice some things that can help keep us from struggling too terribly while we talk and listen to others. There may be times when the pain feels very strong or overwhelming, but we will stay with the person who is speaking and help them get through it. Also, at the end of the session, we will save enough time to do an exercise to make sure that you feel safe and comfortable enough to end. Although telling your story may be difficult, you may also feel lighter at the end, like a burden has been lifted. We will not have time for everyone's story today, but we will have time at the next session to make sure everyone gets to share.

Let's practice a few things we can use while you are listening to the stories to help us stay present and to be able to support the person talking.

Normalize that we are likely to become upset while listening to others' stories, and it might make us think of our own stories. **Have them briefly practice grounding and remind them they can use this skill**

while listening. They can also focus on what they see in the room and on the voice of the person talking.

After each member has shared, we will take a break to stand up and stretch, shake our legs and arms, and do some breathing exercises to let go of the tension.

The avoidance of activating the fear/trauma structure often makes clients reluctant to narrate their traumatic experience. We should provide some information at the front end to help them better understand why we are asking this, and to mitigate some of the resistance they may have.

Choose a **metaphor** appropriate for the group's cultural and gender composition to explain why we are asking them to talk about difficult moments. There are two metaphors provided below, but feel free to use a different one that is appropriate to the culture in which you are working. This topic needs significant introduction, because it is often unclear to clients why they are being asked to talk about something that they would prefer to forget. If we do not provide sufficient rationale, there is sometimes backlash later in the session.

Example 1: Wound Metaphor

First ask clients: Have you ever had a wound? If so, what have you done to take care of it? Cleaned it, picked out dirt/metal, put on antiseptic, and bandaged it? What happens if you don't do these things and just cover it up or ignore it? It can get infected and get worse, spread, etc. So we clean the wound even though it can hurt more while doing so, because in the long run it will heal better. Emotional/psychological/spiritual wounds are similar – if you ignore them or avoid them, they don't always go away; in fact, they can often start to bother you more and more through intrusive memories, nightmares and other symptoms. We acknowledge that this terrible experience may have left you with a spiritual /psychological/emotional wound that cannot heal properly and that keeps hurting and bothering you. Just like the physical wound or inflammation, every time you touch the past experience, it hurts. Therefore, you have learned, it is better not to be in touch with these memories of the past. However, just like the doctor has to cut and remove the infected tissue of the physical wound, then clean and dress it for it to have a chance to heal properly, we need to do the same psychologically. So how do we clean and care for an emotional/psychological wound? We talk about it, feel our feelings, receive and give support. Even though this is painful, it is part of a healing process. Even when the wound heals, is it entirely gone? No – there may be scars; similarly, we will never forget traumatic experiences – they will always be a part of us (as will people who were lost during these experiences), but we can get to a place where the pain will subside and we are able to function and have a good life without as much constant, overwhelming pain.

Example 2: Closet metaphor

Picture an overflowing closet full of clothes and other things. It is so full and messy that the door won't stay shut – it bursts open and everything falls out on to the floor. The only thing to do is to take everything out and organize it in boxes and put it neatly back on the shelf – then when you shut the door, it will stay shut until you want to open it again. This is like the mind with trauma memories: they can become so jumbled in our minds that they will burst into our heads even when not invited through

memories and nightmares. Even though we try to keep door shut by avoiding thinking about things, they burst into our heads anyway. Just like the things in a closet, we will take out our memories and experiences, look at them together, organize them, understand them better, give and receive support, and then when we stop thinking about them, the hope is that the door will stay shut until you want to open it. These traumatic experiences won't disappear, they will always be there, but the goal is that they will not flood into your head uninvited but rather will stay in your memory until you choose to look at them.

Coach Group Members on How to Respond When Others Share (5 Minutes)

Coach the group on the kinds of responses that would be helpful during this session. Give relevant examples of what **NOT** to say, such as giving advice, saying that everyone suffered or others suffered more. Instruct them: *Don't argue, don't minimize it or say it's not that bad, don't interrupt or start sharing your own similar experience.* Consider a brief role-play of "unhelpful listening" and "helpful listening" by facilitators, and ask clients to describe specific behaviors that they see. Make sure you then give one or two examples of respectful, supportive listening, such as quiet attention, nodding or expressing agreement, leaning forward, or expressing empathy with statements such as "that must have been so hard for you," or "it is amazing you survived."

Note to Counselor

Remember that clients now expect to get into difficult moments, and you don't want to delay this too much and make it more agonizing as they wait. Keep this section brief. If you spend too much time here, it reinforces our tendency to avoid difficult moments and you won't have enough time for clients to share.

Working Through a Traumatic Memory (20-25 Minutes for Each Client Until 15 Minutes Remain—See "Note to Counselor")

In the previous session, you named big events in your river of life and we focused more on the whole river rather than the details of these events. Today we want to take the opportunity to share one traumatic memory in more detail, from beginning to middle to end. We'd like you to choose one memory that still really bothers you and still comes to mind even when you don't want it to, that you feel willing and able to share with the group. We know this is difficult, but today is a special opportunity to face your memories of fear when you have the support of others, and we will all help you get through it. We want to look at a very upsetting moment in order to face it ***together,*** *rather than what you usually do when you remember it alone. Up until now, it may have felt as if you have been controlled by this difficult memory that keeps coming into your mind even as you try to forget it. We are not going to let this continue. We are going to do something about it* ***together****, with the strength of the group. If you can manage to tell this story to us and face your fears, it will not have as much power over you. Telling your story in a supportive environment helps you put the pieces of our memory back together to help us heal. We know it is hard to imagine, but we will help you, and this can become true for you, as it has for many others. As part of doing this* ***together****, the counselor will help direct the storytelling by offering support, asking the group to offer support, and asking questions. This may include slowing you down or interrupting you to ask more specific questions about your story.*

Note to Counselor

It's important to carefully follow the steps suggested here to help guide the client through the narration of the most difficult moment. Here are the recommended steps:

Divide the group in two with one facilitator in each group. Aim for having two people per small group share in Session 5 and the remainder in Session 6. This will allow each person to have 20 to 25 minutes to process, and will allow smaller groups to move their chairs closer and create a more intimate space for sharing. **Groups with fewer than six members should not be divided**. The small groups will also allow the counselor to keep track of how the other members are doing as they are listening. The counselor of the small group becomes the guide, gently guiding the client through their difficult moment while everyone else is in a supportive listening role.

Since we spend only 20 to 25 minutes with each client, **it is not possible to do a "full exposure work" like we would do in individual work** with the clients, but we want to give the client (and the client's brain) a micro-experience of trauma processing within the group, so as to open a window and demonstrate for the client (and his or her brain) how to work through the fear and move past the avoidance. The goal is (and research supports) that the client's brain will then have the courage and give itself more permission to continue to process this with less avoidance after the group sessions.

To achieve this goal within the 20 to 25 minutes, you must use the skills suggested here to focus the client quickly on **the most traumatic moment**. The beginning and end point should be determined prior to the narration and checked against the time available, and then renegotiated and refocused accordingly.

It can be challenging for clients to choose a story of manageable length to share in the group context. Help them focus on a **moment** that happened during an event, not the whole event or stage of life. This may be something like "the moment when they killed my father in front of me"; "when I came in the door and the soldiers were raping my sister in front of me"; "when I came out of the house and saw the body parts on the street"; "when I saw my cousin being loaded into the car trunk when he was kidnapped," etc. This is a special skill that you may need extra support and supervision to learn.

DO NOT FORCE CONVERSATION IF THEY ARE NOT READY TO TALK ABOUT THEIR MOST TRAUMATIC MOMENT. INSTEAD, ASK IF THEY WOULD LIKE TO TELL ABOUT **ANY** PAINFUL MEMORY THEY ARE HAVING TROUBLE FORGETTING. IF THEY STILL PREFER NOT TO SPEAK, ALLOW THEM NOT TO, THOUGH YOU MAY WISH TO ASK IF THEY CAN LET YOU KNOW WHAT MAKES IT HARD TO SHARE. THEY CAN ALWAYS CHOOSE TO SHARE AFTER OTHERS HAVE SHARED.

Take a directive stance as a counselor and have an active role in guiding the client's narrative and processing. **Remember that directive does not mean interrogative** – the client is actively and gently guided, but not interrogated. Time management is essential and must be maintained throughout this session to make sure the group has enough time for containment and closing exercises at the end. You may also have to gently set limits with other group members if they are interrupting the storytelling.

Give Rationale for Dividing Group

Be sure to give clear information about why you are splitting the group into two. Mention that you would like to create a space where everyone is heard well by fewer colleagues – a more intimate space to speak, listen and stay present as people talk about these traumatic moments in detail. In order to preempt the possibility that some people may question why they are not staying together as a group, explain that for the individual person, this more intimate, smaller group offers a better space for the processing needed for this session, and that in the end every member of the group will have benefitted when they come back together as a big group. Remind them that the group will come back together at the end of each session.

Instructions for Narrating and Sensory Processing of a Single Traumatic Memory

> ***Supervision Tip***
> Facilitating narrating and sensory processing is a special skill – make sure to practice and role-play until mastery is achieved.

Once you have determined who goes first in the small group, assist the group member in telling their chosen story by doing the following:

Initial Phase: Narrowing to a specific traumatic memory (5 minutes)

- Invite the client to state in one sentence the traumatic memory that he or she will be sharing (see instructions and examples above). If it is a memory that is too long for processing within the time available, gently have the client narrow down to one section of that memory that bothers them the most. Help by asking the client to pick a title, a headline or a snapshot that represents that moment. You can give examples like "the moment of blood," "the knife held against my son's throat," etc.
- Determine the **beginning** of the traumatic moment and ask the client to explain the context in which it happened. Have the client start by saying what he or she remembers as the beginning of the memory, then giving some context. Elicit this by using questions like *Where did this event take place? What season? Can you give us some background to what was going on in your life right before this specific story starts?* The goal here is to anchor the memory in time and place so that it begins to be connected to facts in life, not just overwhelming feelings. Keep this short: "It was in the spring, a year into the war. The rebels had passed through the village several times and the government began to accuse people of supporting the rebels. My children were home from school."
- Have the client keep the narration going chronologically until the most traumatic moment is reached. Ask: *What happened next? And what happened next?* Remember that traumatic memories are often stored in our brains in mixed-up order. Also, clients often skip over parts of the memory they want to avoid. Assume that it is likely the narration will not go in the exact, correct chronological order: this is normal. Notice when this happens and help the client put the story's pieces in order. For instance, the client might say, "I was in the house and I heard the noise of the soldiers outside the window, I was playing with my son at the park." Say something like: *Let me pause you there. You said you were in the house and then you were outside. What*

happened after you heard the soldiers coming? Clients are also likely to skip quickly over their most traumatic moment in narrating the overall event; listen carefully and bring them back to the traumatic moment they have previously identified.

Middle phase: Sensory processing (15 minutes)

- For effective trauma processing, it is important for survivors to slow down and feel their distress or fear (what we refer to as *arousal*) enough so they can process or digest the emotional content of their memories without becoming too overwhelmed or dissociated. One way to do this is to **slow the narration down when they come to the traumatic moment they have identified and have them focus on the sensory aspect of that bit of memory.** For example, a client might describe, "The soldiers were beating me with their rifles while my children watched." At this point, the client might start to continue with the story of what happened next, but here you want to **slow** them down to focus on senses, thoughts, feelings and body reactions.
- You can ask, *"What did you see/smell/hear while they were beating you? What were you thinking and feeling at the time? How was your body reacting?"* and help them narrate in more detail by describing all parts of the fearful memory, including the following:

  Senses: what they saw, heard, smelled—e.g., "I saw my children's faces and they were crying and looking at me scared and helpless," "I heard the youngest one sobbing," "I smelled the sweat of the soldier who was beating me."

  Thoughts: e.g., "I am going to die," "I will never see my family again," "I cannot protect my children."

  Feelings: e.g., fear, anger, shame, sadness; "I was scared they would hurt my children," "I felt so much shame that my children had to see me so powerless and unable to protect them."

  Body reactions: e.g., sweating, shaking, frozen, headache, heart pounding; "I was crying and shaking and I thought my heart would come out of my chest," "My back was screaming in pain where they were hitting me with their rifles."

- You might have to bring them back to that moment several times with these questions, as there is a normal tendency to want to avoid that most painful moment: *Let's go back to this moment, and tell me more about what you felt, saw and heard …*
- As the client narrates, make a conscious effort to talk about the **memory** in the **past** tense ("The soldiers **were** beating me" vs. "The soldiers **are** beating me") and how the client is doing **now** in the **present** tense ("*Can you feel the chair? I see your leg is shaking now; was it shaking then?*"). If they start to become overwhelmed, you can instruct them to take a few focused attention breaths, remind them that you are here with them and they are safe now, remind them to feel the chair supporting them, and/or they can pat their legs to bring them back into present time, and then have them continue. **In the narration, make sure that the client stays with you in the present time and talks about the past. Do not allow the client to be taken back completely to the past in the form of a flashback. Keep the client grounded in the present and aware of your**

presence: ***I am here with you now, you are safe here in group, and we will get through this memory together.***

It is normal for the client to experience intense emotions (see later section on managing extreme affect). Generally, they will have increased arousal symptoms (sobbing, anger, shaking), and if you gently but firmly help them stay with the emotion, the intensity will decrease naturally on its own.

Concluding phase: Guiding the client to a "safer" memory (5 minutes)

- Be sure to bring the narrative to a close for this session. Even if time is running out, it is extremely important to establish a clear ending to the traumatic event that has been shared with the group. The most important rule is **never end storytelling with your client in the middle of remembering something very frightening or overwhelming!** You can guide your client with a question like *Tell me what happened after the soldiers left. When was the next time you felt safe?* They might say, "We knew we could not stay in our home and the next day we packed up our belongings and went to stay with a relative. That is when I felt safe again even though I was so sad and angry about having to leave my home."
- If there is not enough time for the story to end naturally because so many bad things happened one after another, then the counselor must carefully bring the client to the next time the client felt safe or experienced something positive. To do this, the counselor often has to intervene directly, find a reasonable ending to the trauma story that the client just told (e.g., *So you survived the beating and your children are still alive*), and ask the client to briefly describe in a few sentences what happened in the time period following the event(s). It is important to clarify the time period: *When was the next time you felt safer in your river of life? Can you name it for us?* Ask if the client is OK to move on to the next person's story. Do a brief grounding exercise if needed.

Managing Extreme Affect

If the client cries, give them enough time to cry, then express empathy and allow them to cry. If the client is silent, wait a bit and then tell them, in an empathic tone, that you understand it can be hard to find words for what they experienced. Please do not ask, "Are you able to stay in the session?" This sends the message that you are not comfortable with the client's sorrow or that you are not able to bear what they are telling you. If the client is not able to stay in the session, he or she will make this clear to you in a variety of ways, such as walking out of the room, asking to leave, etc. Trust that they are able to stay in the session unless they give you a clear indication that they are not. Crying, even very heavy, deep crying, is not a reason to ask if the client needs to leave. Show the client that you understand his or her grief and that you can tolerate the intensity of his or her emotional pain.

Note to Counselor: A Caution About Dissociation

Remember that any therapeutic process including exposure must enable the client to face past events and to withstand the emotional distress these memories cause to a conscious mind in the present reality. Anything else does not assist the healing process. Allowing dissociation to happen will only strengthen the avoidance mechanism and increase anxiety. It is of major importance that the counselor helps the client stay in the present.

Shutdown reactions such as fainting and dissociation may also be aggravated by low fluid volume and insufficient nutritional condition. Ensure that clients who are vulnerable to such reactions are monitored for these. At the first signs of a shutdown process, the counselor should immediately initiate motor activation/movement and explicitly bring client to the present. For clients with shutdown tendencies, be sure to continuously shift attention between trauma-related material and the present context in the here and now, and use motor activation techniques. In case of fainting or collapsing, the counselor should prevent clients from hurting themselves by protecting the head during the fall. The client should be placed on the ground with the feet elevated. A second person should be called to assist. The counselor must be prepared for the client to be disoriented or confused, or very anxious and emotional, when he or she regains consciousness. Be prepared to help the client reestablish a sense of reality in the moment.

Provide Emotional Support and Invite the Group to Provide Helpful Support

After the person shares, provide emotional support (i.e., validate, normalize, express empathy) and invite the group members to respond to the client's disclosure.

However much you coach the group members to respond in useful supportive ways in the short time available, they will still tend to default to culturally familiar forms of support, and say things like "be strong," "you are not the only one," etc. Instead invite them to say a word or two about how they felt as they listened to the narration of the group member. So make sure to invite the group members to speak by saying something like: *We have heard what X has told us, and what she went through during the war, and how difficult this was for her. To support her and hear how others may have felt and been impacted by her experience, we would like you to talk about* ***your own feelings rather than giving advice to her****, to let the group members know in a word or two what you felt as she narrated her experience.*

After the group members respond to the person, you should also make a supportive or empathic comment.

Make sure you do a movement exercise between group members' sharing to release the stress in the body.

After everyone has shared, make sure the two groups come back together and reconnect as a large group.

Containment and Integration (5 Minutes)

Proceed to the following two techniques you practiced at the beginning of the session: 1) standing up and stretching, shaking out legs and arms, and 2) looking all the way around the room **using the head and neck**, noticing things in the room, and mentally naming those things (e.g., that's a chalkboard, that's a window, etc.) Take a couple of minutes to have the group stand up and do both of these.

Let them know that they may feel low for several hours or days, and that this is normal after having talked about very difficult experiences; and set the positive expectation that with time, they will feel better. They may feel relief that they had the courage to speak about something difficult and that it

lifted a burden for them. They may feel strength for being able to do something they feared. They may feel good about themselves that they were able to support each other. Have them notice their thoughts, feelings and body sensations throughout the week. Remind them to practice coping skills they learned in Sessions 2 and 3.

Have them specifically think about the joyful moments from their river of life mentioned in Session 4.

Because this is an intense session, it is helpful to use humor or talk about something that can help lighten the emotions before they leave the session

Supervision Alert! Continuous Traumatic Stress
Many of our clients live in extremely precarious situations, and as people who have survived torture and continue to face threats to their safety on a continuous basis, their mental health must also be understood in relation to the continuous traumatic stress under which they live beyond the post-traumatic stress reactions of the past traumatic event, which is the focus of this session. Be aware that in addition to the traumatic reactions of the past event(s), ongoing precarious/traumatic circumstances (such as ongoing police harassment, continued threat by the original perpetrators, threat by members of the community or neighbors, domestic violence, sexual violence, etc.) produce, aggravate and maintain the client's current psychological state in many cases. Make sure to seek supervision as these continuous traumatic stress issues come up, since intervention approaches may require that you prioritize helping people develop the skills to live in a dangerous environment and the capacity to assess and respond to threats appropriately, secure and organize material resources, build social support networks, or even make meaning in the face of unchanging circumstances. These circumstances may make it counterproductive to do the processing in a group setting and likely would require more individual assessment and supervision to determine a course of action.

Closing the Circle

Recap of Today's Session and Home Practice (5 Minutes)

Celebrate and praise the work the group has done*: We want to take a moment to celebrate and appreciate all of your hard work for this session. We know it has not been easy to talk and hear about such difficult moments, but you were all very brave and continued even when it was hard. It takes courage, trust and strength to do that.*

Home Practice Assignment

New skills:
Remind them during the week to:

- *Notice your body several times a day and monitor feeling certain sensations and tensions.*
- *Use the coping skills that you have learned to release the tension, and also to do the practices every night before they go to sleep. The more frequently you can use the coping skills, the better you will be able to manage any distressing feeling.*

Continued practice:

- *Strengthen the practice of grounding and/or movement breathing exercise every day. Continue to work on changing thoughts, feelings and actions to feel better and adding helpful coping strategies to your tool box.*
- *Practice noticing things that are going well or that are pleasant so that we can retrain the brain to see the joyful moments in life.*
- *When you wake up every morning, start your day with an encouraging thought about yourself or your day ahead.*
- *Keep working on connecting with others.*
- *Practice some of the movements from the closing exercise.*

Closing Practice (5 Minutes)

Ask the group to think of something they learned today in group that they hope will help them feel better. Give examples and have a few people name them out loud.

Then do the Closing Practice (follow instructions from Session 1). Remind them that as they become more comfortable with this practice, they can do all or parts of the exercise at home.

Note to Counselor

It is suggested, if possible, to do a phone check-in with clients between Sessions 5 and 6. This entails a five-minute call to check in with clients as part of containment, to ensure that everyone is feeling OK.

Session 7: Addressing Multiple Losses and Reclaiming Goodness

Preparing

Theoretical Rationale: What Are We Doing and Why?

Although post-traumatic stress, anxiety and depression are common effects of torture and war among survivors, they do not necessarily provide the most complete clinical picture of the psychological consequences. In many cases, the symptoms observed and experiences reported by torture and war trauma survivors may result not only from their original traumatic experiences, but also from the ongoing precarious situations and losses that may bring about additional psychological challenges.

In addition, most of our clients experience unresolved loss as a result of ongoing ambiguity surrounding protracted refugee situations, loss of country and community, and loss of identity. These circumstances can cause pain, confusion, guilt and distress, challenging clients' ability to cope, make meaning, and have hope, and freezing the grief process.

To address these challenges, the healing process must involve acknowledgement of these multiple losses and the frozen grieving. Healing also needs to address existential issues such as moral pain, guilt, shame, despair, hopelessness, ambivalence, loss of spiritual/moral well-being and inner conflict, which are common due to the self-blame that tends to accompany the experience of direct torture or war. Torture and war trauma survivors need to make sense of their overwhelming helplessness and sense of vulnerability. When the torture and trauma is caused by humans, survivors' sense of purpose and meaning, and their assumptions about the world, more often than not have been shattered. This often brings about *moral injury*, which contravenes deeply held beliefs that defines survivors' humanity and sense of morality or right and wrong. Such moral injury can be psychologically painful because the experience is at odds with core ethical and moral beliefs. Thus some level of searching for meaning, purpose, hope and identity must be incorporated into the healing process to address this and to allow survivors to reclaim goodness, self-worth, and find new meaning.

For further reading:

Boss, P. (2006). *Loss, trauma, and resilience: Therapeutic work with ambiguous loss.* New York, NY: W.W. Norton.

Frankl, V. (2004). *Man's search for meaning: The classic tribute to hope from the Holocaust.* London, UK: Rider.

Higson-Smith, C. (2013). Counseling torture survivors in contexts of ongoing threat: Narratives from Sub-Saharan Africa. *Peace and Conflict: Journal of Peace Psychology, 19*(2), 164-179.

Litz, B. T., Lebowitz, L, Gray, M. J., Nash, W. P. (2015). *Adaptive disclosure: A new treatment for military trauma, loss, and moral injury.* New York, NY: Guilford Press.

Session Goals

- To reflect on and name the multiple losses and separations that result from war, torture and displacement, including external losses and internal losses.
- To help clients understand and express the ways that losses related to torture/war/trauma have affected their beliefs, self-image, emotions and behavior.
- To reduce feelings of self-blame, guilt and shame and begin the process of self-forgiveness.
- To support clients in creating, experiencing, and expanding a sense of meaning in life, which can be used as resource even in the face of ambiguity and continuous trauma.
- To reclaim goodness and self-worth.

Materials

- Chairs or benches.
- Snacks.
- Flip chart and markers.
- Paper and pens.
- Group rules, cognitive triangle, table, and overview of sessions for taping on the wall.
- Body map example.

Session 7 Summary

Topic/Activity		Materials Needed	Timing
	Opening the Circle Welcome & opening practice	Group rules	**5 minutes**
	Check-in & recap		**10 minutes**
	Home practice check-in		**5 minutes**
	The Work		**60 minutes for the entire section**
	Part 1: Multiple losses		
	Part 2: Self-blame, guilt & shame		
	Part 3: Reclaiming goodness & moving forward	Paper & pens	
	Closing the Circle		
	Recap of today's session & home practice		**5 minutes**

Topic/Activity		Materials Needed	Timing
	Closing practice		**5 minutes**
Total session time			**90 minutes**

Opening the Circle

Welcome and Opening Practice (5 Minutes)

- Again, warmly welcome everyone to the group. Acknowledge their courage through the difficult sessions.
- Invite them to participate in the opening practice.

Check-In and Recap (10 Minutes)

Check in about where people are with any thoughts, feelings and sensations they may be having now or may have had since the last session. Celebrate any feelings of relief or decreased burden they may feel after the last two sessions. Normalize any symptoms of distress as the mind's and body's attempts to process the memories now that avoidance has been overcome and the brain has permission to do this processing. Predict that as they continue using their coping skills, they will feel better.

Ask group members if they remember what we talked about last week, eliciting responses from a few participants.

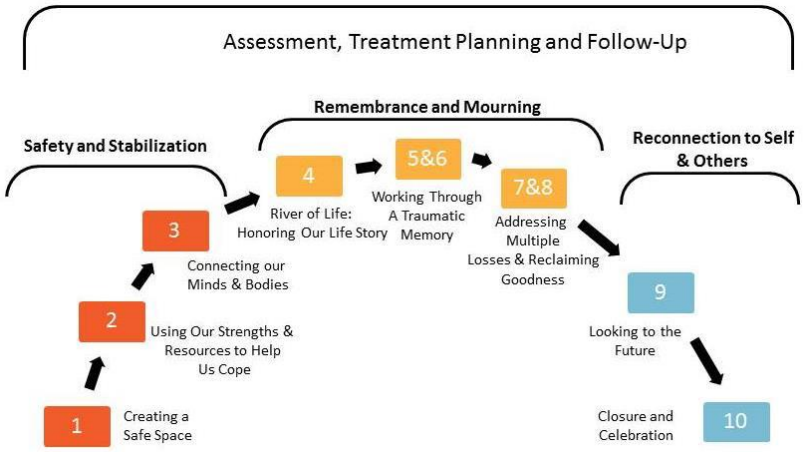
Home Practice Check-In (5 Minutes)

Ask group members if they were able to do the home practice assignments:

- Notice your body several times a day and monitor feeling certain sensations and tensions.
- Use the coping skills you have learned (grounding, movement breathing, other tools) to release the tension, at the same time every day as well as any time you feel distressed.

Introduction and Psychoeducation (Sessions 7 and 8)

Refer to the overview of sessions visual:



Put up the image of the overview of the sessions and show the group members where they are in the process.

You all have shown so much courage and strength in facing those memories that stay with you and continue to distress you. Some of you noticed some relief and the feeling that your burden is lighter after having told a difficult story for the first time. Some of you may still feel some discomfort about these memories while also feeling proud that you faced these fears. In addition to stuck traumatic memories, we have other emotional challenges that we have to face related to our traumatic experiences: multiple losses and feelings that are difficult to face because they bring about self-blame, guilt and shame, and questions about why things happened to us and our families. In the next two sessions, we will be providing the opportunity to explore these experiences and learn ways of thinking and behaving (refer to the triangle) that can help us feel better and face the future with strength and confidence.

Note to Counselor
Although there is more discussion and less intensive somatic processing in these two sessions, these sessions do involve emotional processing; be prepared to use containment techniques and grounding and/or movement breathing exercises as needed.

Part 1: Ongoing Distress Due to Many Losses and Separations

In this exercise, we will explore how losses and separations from deep connections of family, community, country and way of life impact us. *Many of us have experienced many losses and*

separations from deep attachments such as family members, neighbors, ancestral villages, and deeply rooted ways of life. This impacts our beliefs, our sense of meaning and spirituality, and how we see the world. We know that although fear and feelings of depression are common among survivors, these feelings are not the only struggles. The exposure to extremely challenging situations that make us vulnerable, such as loss of country and community, loss of identity, loss of self-reliance and independence, loss of sanitary living conditions, protracted refugee situations and unresolved loss, among other things, may lead us to question life and hope for the future. This can then cause pain, confusion, guilt, distress and even a sense of immobilization. These feelings interfere with coping and meaning-making, and freeze the grief process.

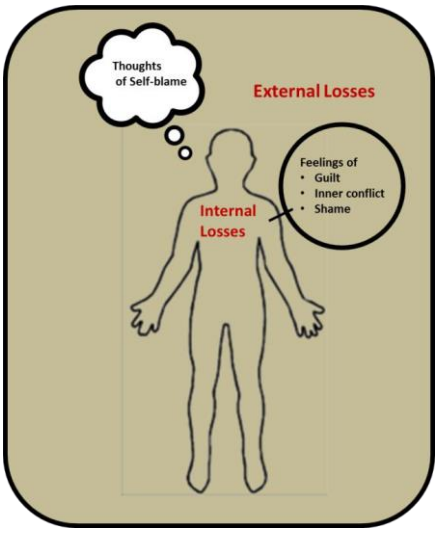
First, we will name these loss and separation issues and consider how some of them are external losses (loss of home, country, employment, material items, loved ones), while some are internal losses (loss of dignity, identity, physical and emotional well-being, functioning). Draw an outline of a body on a flip chart. Ask the group members to name different losses that have affected them, putting the external losses on the outside of the body and the internal losses on the inside. Make sure the body map is big enough to include all the internal losses! Reflect with the group on the connection between the external and internal losses (e.g., when one loses their home and country, and one might feel they have also lost their identity). Reflect and validate how many losses group members have experienced, and how it can be helpful to name and grieve these losses so then we can start the process of rebuilding (preparing them for the third part of the cycle). Emphasize that in the same way that they felt relief after releasing the burden of their pain with the group, acknowledging losses can help us to accept what we have lost and prepare to move forward.

Group Participation

Part 2: Dealing with Self-Blame, Guilt, Shame and Loss of Meaning

When we think about our losses, we sometimes wonder if we were responsible for some of those losses and if perhaps we contributed to them in some way. We might feel that we could have done something to prevent the harm or death of a loved one, or that we could have decided to stay rather than leave, or that if we had cooperated with the perpetrators we would not have been injured. We think about what we should have done or perhaps what we wished we had not done. These thoughts often start with "If only…" We might have thoughts like "If only I had done this or that, she would be alive today," "If only I hadn't resisted, I would not have been raped and injured," "If only I hadn't left the country, they wouldn't have killed my parents," or "If only I had left before the soldiers arrived, I would not have been detained and tortured." Having these thoughts is extremely painful, as it makes us lose the sense of ourselves as a good person. This does not mean that we were responsible (those who perpetrated the war/trauma/torture were responsible), but regardless, having these thoughts frequently leads to painful and distressing feelings, usually of self-blame, guilt, and shame. Point to the cognitive triangle to help them see the connections between thoughts and feelings - *we want to name and understand these painful thoughts and feelings to provide an opportunity for healing.*

- Add a “thought bubble” to the body map from the first part of the session with a couple of examples of these thoughts. Then add the words self-blame, guilt, inner conflict and shame to the body map.



- Ask: *What do you understand by these feelings? What do they mean to you?*
- Next, do the grounding exercise, and while the group members are relaxed, ask them to identify in their minds if they have any of the feelings just discussed (self-blame, guilt, shame). Ask them to take a moment to think of this feeling and what situation(s) have resulted in this feeling. Ask them to notice where they feel this feeling in their body.
- Go around the circle and give everyone a chance to name the feeling and where they feel it in their body, and if the situation was not already shared in the discussion they can add a **brief** description of the events that led to the feeling (e.g., “I blame myself all the time for having to leave Syria, and my mother who I left behind has now died,” or “I feel so much guilt and shame because my political activities resulted in the government militias coming to our home and raping my wife in front of me”). The main point is to name the experience; it will be important to contain each person to keep descriptions brief, in order to move to the healing part of the activity. If they do not want to share the experience, they can simply name the feeling and where they feel it in their body.
- As people share, mention bigger themes as they arise, such as ambivalence, guilt, shame, despair, hopelessness, frozen grief, ambiguity, crisis of identity, loss of moral wellbeing, inner conflict, loss of joy, feeling like no one can understand you, loss in the ability to trust.

Facilitate the grounding exercise again, then say something like *In order to begin to address these feelings of guilt, shame and self-blame, I would like us now to imagine a person in your life, in the past or present, who has been very caring, forgiving and supportive of you no matter what, and who would not want you to suffer. This could be friend, a teacher, parents, grandparents or a neighbor. (I'll be quiet now and give you a few minutes to think about who this person should be.)* Have them think about what they wish this person (speaking in an understanding, compassionate and forgiving voice) would say to them about this situation and these painful feelings of self-blame, guilt or shame (e.g., "You did the best you could," "You were able to save yourself and your children by leaving," "I love you no matter what," "Yes, some things may have gone wrong, but even good people make mistakes and can be forgiven"). Ask them to notice what they feel in their body as they think of those words that the caring person is saying to them. The goal is to facilitate real-time therapeutic feedback.

Before going around the circle to ask them what they wish this caring person would say, first role-play unhelpful statements (e.g., "Get over it," "Be strong," "Maybe it was your fault") and then role-play helpful statements that a caring person might say to them (e.g., "You did the best you could," "You were able to save yourself and your children by leaving").

- Now, go around the circle again and have group members say out loud the words that they wish their "caring person" would say to them. Have them speak as if they were that person talking directly to themselves. Ask them to describe how it feels to say these words, and if there is any change in their feelings when they think of these words.

- Refer back to the cognitive triangle and reflect that we can choose to focus on these words of caring rather than thoughts that might make us feel even worse.

Part 3: Reclaiming Goodness and Self-Worth and Making Meaning of Our Experiences

Just like in the river, we learned that our brains can often focus on what is hard or painful, and foster unhelpful views about ourselves that keep us from seeing the good things in ourselves. We did a lot to survive our traumatic experiences and we did our best to protect others. Just as we learned in Session 2, we have a lot of strengths that allowed us to survive. Point out the table drawing and the internal resources listed. *We contribute to the well-being of others and we are good people with dignity. We can choose to focus on this more and to start a cycle of helpful thoughts and feelings (cognitive triangle). For instance, we might say to ourselves "I was able to get out of the country and save my children even if I wasn't able to save my sister," or "I am proud of myself for being able to support my children even without my husband."*

- Ask for other examples of how they showed strength even during difficult times. *How else can we have compassion for ourselves, understand that we did the best we could and start to forgive ourselves?*

We can also feel better when we focus on the new meaning or perspective gained from things we have learned through our difficulties. As human beings, we want things to be meaningful. So when traumatic events happen in our lives that challenge our held meanings about how life ought to be, we are very distressed by it. We need to find new meanings to prevent us from losing hope and to make sense of the

world, our life and our relationships in a new way. Think of something that you have learned about yourself through the difficulties you have faced, or something that you appreciate about yourself or your life. It could be something that has given you a new sense of meaning or purpose, or that has caused you to value things in a different way.

The group members might not initially understand the concepts of meaning or purpose, so giving examples can be helpful: "I know how quickly life can be taken away, so I appreciate my life in a new way and I value my children and am committed to being a good parent to them"; or, "As a farmer, the land and cultivating it meant a lot to me, but now living in the urban center, I have had to find connection and purpose in new activities like carpentry. I like it, and it gives me a new sense of purpose and satisfaction, however, different from when I saw my crops grow." Lead the group in a discussion on this topic.

- *Despite everything you have been through, what gives you a sense of meaning or purpose today?*
- *What do you honor and value in your life now?*
- *What have you learned about yourself? What are you proud of?*

Closing the Circle

Recap of Today's Session and Home Practice (5 Minutes)

Celebrate and praise the work the group has done. Normalize temporary elevations in symptoms. For example, say something like *I know this was difficult, and more than likely you will continue to think about it from time to time throughout the week. This is normal and will go away with time. Your home practice will help you feel better.*

Home Practice Assignment

New skills:

- *Think about the gentle words from the person who cares about you and try to say these to yourself as often as possible.*
- *In addition, identify and focus on yourself as a good person who has dignity and strength. Think about what is important to you in life, what gives you a sense of meaning or purpose, what makes you feel proud, and what you have learned through your difficulties. Write these down or draw a picture representing these qualities and put this somewhere you can see it, to remember the good.*

Continued practice:

- *Strengthen the practice of grounding and/or movement breathing exercise every day. Continue to work on changing thoughts, feelings and actions and adding helpful coping strategies to your tool box.*
- *Practice noticing things that are going well or that are pleasant so that you can retrain the brain to see the joyful moments in life.*

- *When you wake up every morning, start your day with an encouraging thought about yourself or your day ahead.*
- *Keep working on connecting with others*
- *Practice some of the movements from the closing exercise.*
- *Notice your body several times a day and monitor feeling certain sensations and tensions.*
- *Use the coping skills that you have learned to release the tension, and also to do the practices every night before you go to sleep. The more frequently you use the coping skills, the better you will be able to manage any distressing feelings.*

Closing Practice (5 Minutes)

Ask the group to think of something they learned today in group that they hope will help them feel better. Give examples and have a few people name them out loud.

Then do the Closing Practice (follow instructions from Session 1). Remind them that as they become more comfortable with this practice, they can do all or parts of the exercise at home.

Session 8: Living with the Loss of a Loved One

Preparing

Theoretical Rationale: What Are We Doing and Why?

Survivors of war and torture often have to cope with the grief of losing loved ones, which can be complicated by the traumatic way they died. Processing the traumatic memory of how someone died can allow to survivors to become unstuck and then engage in a helpful grieving process. The pain of loss can be further aggravated by the secondary stressors that result from this loss (e.g., loss of primary provider leading to financial stressors, loss of parenting support). This is especially difficult in cases of displacement and for those who lack other support structures. The dual-process model of coping with bereavement suggests that survivors have better outcomes when they are able to give time and space to the grieving for the lost loved one as well as actively work to rebuild a life without the deceased. Research has also shown that survivors of lost loved ones recover more quickly when they use methods such as creating memorials to keep the memory alive, rather than trying to push aside the memories of their loved ones. By actively remembering our loved one, we see how that person still lives on in us and realize that what we have learned from them can help us move forward in life. Internalizing the strengths and qualities of the lost loved one can be a way to honor the loved one. Drawing on these strengths can help to cope with stressors and rebuild after multiple losses.

For further reading:

Higson-Smith, C. (2014). Complicated grief in help-seeking torture survivors in Sub-Saharan African contexts. *American Journal of Orthopsychiatry, 84*(5), 487-495.

Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies, 23*(3), 197-224.

Session Goals

- To provide a supportive environment for participants to express their grief over a lost loved one and accept losses that cannot be recovered.
- To help group members develop practices to grieve and to actively keep memory alive (pictures, sayings, symbols).
- To help group members develop further internal resources from positive memories of loved ones that they have lost.
- To help group members explore ways of recovering from some losses and investing emotionally in new endeavors, interests and relationships.
- To connect past loss to current resilience.

Materials

- Snacks.
- Cognitive triangle, table and overview of sessions to post on walls.
- Flip chart and markers.
- Adapted version of Cynthia's story.
- Candles and matches.

Session 8 Summary

Topic/Activity		Materials Needed	Timing
	Opening the circle Welcome & opening practice	Group rules	**5 minutes**
	Check-in & recap		**10 minutes**
	Home practice check-in		**5 minutes**
	The Work		
	Today's topic & psychoeducation	Cognitive triangle	**5 minutes**
	Cynthia's story and discussion, part 1	Cynthia's story (or adapted version)	**10 minutes**
	Expressing our grief		**10 minutes**
	Group discussion		**15 minutes**
	Cynthia's story and discussion, part 2	Cynthia's story (or adapted version)	**10 minutes**

Topic/Activity		Materials Needed	Timing
	Rebuilding life after loss		**15 minutes**
	Closing the Circle		
	Recap of today's session & home practice		**5 minutes**
	Closing practice		**5 minutes**
Total session time			**90 minutes**

Opening the Circle

Welcome and Opening Practice (5 Minutes)

- Again, warmly welcome everyone to the group. Acknowledge their courage through the difficult sessions.
- Invite them to participate in the opening practice.

Check-In and Recap (10 Minutes)

You might ask questions such as:

- *What thoughts and feelings did you have from our last session?*
- *Did you have new insights or understandings that helped you feel better or that allowed you to see the ways in which you have grown?*

Home Practice Check-In (5 Minutes)

Were you able to complete the home practice assignments from last week? Were you able to focus on remembering the good and identifying areas in yourselves and their life that gives you strength and as sense of purpose? Were you able to speak kindly to yourself about the things you still feel badly about from the past?

Have you been using grounding and movement breathing? How are these practices helping?

Have you been able to change thoughts, behaviors or actions? What was the result?

Briefly practice either the grounding or the movement breathing exercise. Ask if a group member is willing to lead one of these exercises. This tends to be empowering and strengthening for clients.

The Work

Introduction of Today's Topic and Psychoeducation (5 Minutes)

Last session we discussed different types of losses including loss of country, identity and dignity, and we talked about some of the difficult feelings such as guilt and shame that can come from traumatic loss. We also discussed how we have choices to reframe the unhelpful thoughts we might have that lead us towards self-forgiveness. This allows us to make new meaning and identify what we have learned from our experiences.

Today we will specifically discuss the loss of a loved one. This is a loss we have to accept and grieve. In the first part of the session, you will have an opportunity to grieve this loss and start thinking about practices or memorials that might help you continue the grieving process and honor the memory of the loved one. In the second part, you will learn how to take the strengths and gifts from the loved one to help you better cope with the stressors of losing the loved one and rebuilding your life.

For some, loss does not just mean death. It could mean you are no longer with them or they are missing. Still, they are not physically in our lives, and the tasks of grieving and rebuilding are similar.

We are going to tell you a story to help you learn about grieving and rebuilding.

Note to Counselor
This story should be modified in order to fit with the cultures and context in which you are working. Change Cynthia's name to a name that is common in the population with which you are working, but do not use the name of someone in the group. Also, the point of the story is to open a discussion. Be careful to not let the group focus too much on the details of the story, as this can be a form of avoidance of talking about their own losses. Quickly direct the discussion to the group members' own stories of losing a loved one.

Adaptation
Adapt the story as required.

Cynthia's Story and Discussion, Part 1 (10 Minutes)

Once upon a time, there lived a nurse by the name of Cynthia. She was married to a teacher, and they had three children. The oldest daughter attended college in the capital city and was training to become a doctor. The middle child, also a girl, attended the school where her father was a teacher. The youngest, a little boy, stayed at home. Because of their jobs, Cynthia and her husband had plenty of money and lived a good life. They were able to build a house and even bought a car.

One day, the war that had been going on for many years in their country reached the town where they lived. When she heard the shooting, Cynthia left the clinic where she worked and ran home to collect her youngest child. Together they ran and hid in the fields close to the town.

After three days of hiding in the fields, Cynthia and her boy were hungry and starting to get sick. Although she had seen the soldiers and heard terrible stories about how they had treated people in other towns, Cynthia tried to return home with her child. As soon as she entered the town, the soldiers captured her and began to beat her for running away.

When she regained consciousness, Cynthia found that a neighbor had put her and her child (who was OK) in his car, and had driven her to the Red Cross hospital in a nearby town. At this time, her neighbor told her that everyone in the school had been killed, including her husband and younger daughter. She learned that the bodies of the dead had been piled up in the main school building and that the building had been burned to the ground.

Cynthia had many injuries and she had an ugly scar on her face. Also, her back had been injured in the beating and she found it difficult to stand for long periods or to lift heavy things.

Cynthia was unable to contact her oldest daughter in the capital. The war had reached that city too, and the college had been closed. Her daughter did not answer her phone, and her daughter's friends had also had no contact with her. Cynthia has no idea where her older daughter was, or even if she is alive.

She misses her husband and two daughters terribly, and every night she lights a candle and looks at their photographs before getting into bed. She allows herself to cry and cry and then she feels a bit better. She also smiles as she remembers her husband's kindness and her daughters' laughter. She has started to talk to her neighbors about her lost loved ones and feels relieved afterwards. They also share their losses and joys with her, and so she feels less alone.

Briefly discuss the following questions:

- *What did you hear in this story?*
- *What and who has Cynthia lost?* (Remind them from last session about different losses.)
- *What helps her grieve?*
- *What helps her honor their memories?*
- *Can you grieve someone even if they may be still alive?*

Activity: Expressing Our Grief (10 Minutes)

Explain that for this activity we will be breaking into pairs to give them the opportunity to express what they miss about a lost loved one. You can provide the following explanation for why we are breaking into pairs: *We are working in pairs so that you have time to talk about what you miss to someone who is supportive, to give you each an opportunity to give your full attention and support to another person; and you will only have to hold the heaviness of one person's story rather than the whole group. Use your body language to listen and show you care, just like you did when people shared their traumatic memory. If the story is hard to hear, practice grounding while you listen.*

Share with your partner or group: What do you miss about this person?

Note to Counselor
This session focuses on loss through death, but if someone has not experienced that particular loss or if an ambiguous loss is more significant for them, they can choose to talk about another loss during the sharing activity.

Note to Counselor
It is not helpful for the group members to have another session that simply repeats the kinds of pictures and stories told in the session on the most difficult moment. In other words, we are not asking the group members to share details of how their loved ones were killed. The violent, traumatic images from Sessions 5 and 6 should not be repeated. Therefore, it is important that the instruction be given accurately. We are not asking them to discuss the time their loved ones were killed, how their loved ones died, etc. We are also not asking them to forget about how they died.

Return to Big Group for a Discussion (15 Minutes)

What was this experience like for you?

What are ways we can honor the memory of our loved ones? (Displaying photographs, writing letters to them, remembering things they used to say, lighting candles.)

Are there traditional mourning practices from your culture that could help?

Let's see what happens next with Cynthia.

Cynthia's Story and Discussion, Part 2 (10 Minutes)

Cynthia has many challenges with her injuries and supporting her son alone in a new place, and she sometimes feels overwhelmed. She still does not know the whereabouts of her eldest daughter, and she has to learn to cope with the uncertainty. She is helped by her evening practice of remembering her lost family members. She remembers their qualities and strengths and realizes how much she has learned from them. Her husband was a math teacher and taught her many skills for managing the household finances. He had a strong faith that kept him optimistic and patient. Her eldest daughter was clever and could solve any problem that came her way. Her youngest daughter had a laugh that made everyone happy, even when times were difficult. Cynthia began to realize that she carries these qualities of her loved ones with her and that these gifts have given her the strength and confidence to face her challenges.

In time, through working with a physiotherapist, Cynthia recovered some of her physical strength. After volunteering for many months, she managed to get a part-time job working at the hospital at which she was treated. Because the other nurses at the hospital understand that it is difficult for Cynthia to stand for long periods, she is often given administrative duties that she can do sitting down.

Her son is doing well in a new school in the new town. Sometimes when she goes to the school to collect her boy, she will sit and talk with some other mothers under the trees. One of these mothers is starting to become a friend, and one day soon Cynthia plans to invite her to share a meal with them. She notices herself laughing more, which reminds her of her youngest daughter.

Further group discussion about Cynthia's story:

- *What did you hear in this part of the story?*
- *What challenges did Cynthia experience due to losing her loved ones?*
- *What did Cynthia learn from her lost loved ones that made her stronger to help her cope?*
- *What is Cynthia doing to return to her life after her loss?*
- *What else might Cynthia do in the future to rebuild some of what she has lost?*

Note to Counselor
Be aware that many losses cannot be replaced, and if group members perceive that you are suggesting this, it may be experienced as disrespectful. Be sure to speak about rebuilding parts of life that have been lost, or finding new ways to meet personal needs that are not currently being met. It might be helpful to think about what nourishing aspects we received from the lost person that can be activated now, even after they are gone. Acknowledge that some losses cannot be replaced and must be accepted.

Rebuilding Life after Loss (15 Minutes)

Rebuilding one's life means finding a way to do two things at the same time. First, we need time to mourn our losses, and we spent time doing that together in the first part of the session. But second, we also need to find ways to keep on living in the present, despite losing people and things that we have been part of us for many years. How we can manage to keep on living, despite many losses, is the theme of this second part of the session. People who love us have given us parts of themselves that have made us stronger and better people today. Recognizing the gifts given to us by the people we have lost can help us move forward and rebuild our lives. Growing these gifts inside us is a precious way to honor the memory of our loved ones and keep them close to our hearts.

Activity: Using the strengths of our loved ones to rebuild our lives

- Take a few minutes to do the grounding exercise.
- While group members are relaxed, tell them: *Quietly think about the loved one you talked about in the first part of the session and what you have learned from them. What gifts have they given you that make you a stronger person today? Can you imagine growing this strength or quality in your heart to help you cope with the difficulties in your life?*

As a big group use the following questions for discussion:

- *Using the gifts from your loved ones, what would be one thing you could do to move forward in rebuilding your life? If your loved ones were here, what would they want you to do?*
- *Sometimes we feel guilty about moving forward in our lives without our loved ones. Does anyone feel this way? Can we imagine moving forward by carrying our loved ones in our hearts?*

Make the point that even if our loved ones are not with us physically anymore, we carry them with us in our hearts through our love and through the gifts they have given us. They are with us in a new way.

Grieving practice: At the end of the discussion, have everyone stand in a circle and take a moment of silence to honor their loved ones. It is helpful for everyone in the room (supervisors, translators, etc.) to participate, to emphasize that loss is a universal experience. Depending on the context, the group can hold hands, or light a candle, or the facilitators can suggest another culturally appropriate practice. If you use a candle, make sure you explain the purpose of the candle (to focus on our attention, to engage our senses, to remember the person, as well as whatever meaning or symbolism the group members would like to give the candle). Be attentive to safety with the candles! The main goal is to role-model remembering our lost loved ones in a way that gives us strength.

Note to Counselor
In this exercise, aim for a bittersweet emotional tone – you might see members smiling through their tears. Take time to briefly acknowledge the special gifts that the group members bring to each other but do not encourage discussion here.

Closing the Circle

Recap of Today's Session and Home Practice (5 Minutes)

Celebrate and praise the work the group has done.

Home Practice Assignment

New skills:

- *Develop a practice or memorial to your loved one(s) and write down or draw a picture of some of the gifts and strengths they have given you. Pick a regular time to remember your loved ones.*
- *Think about ways that you can rebuild your life, using these strengths from your loved ones.*
- *Focus on connecting with others — your family, friends and group members — and on making new connections.*

Continued practice:

- *Strengthen the practice of grounding and/or movement breathing exercise every day. Continue to work on changing thoughts, feelings and actions, and adding helpful coping strategies to your tool box.*
- *Practice noticing things that are going well or that are pleasant so that you can retrain the brain to see the joyful moments in life.*

- *When you wake up every morning, start your day with an encouraging thought about yourself or your day ahead.*
- *Practice some of the movements from the closing exercise*
- *Notice their body several times a day and monitor feeling certain sensations and tensions.*
- *Use the coping skills that you have learned to release the tension, and also to do the practices every night before you go to sleep. The more frequently you use the coping skills, the better you will be able to manage any distressing feelings.*
- *Think about the gentle words from the person who cares about you and try to say these to yourself as often as possible.*
- *In addition, identify and focus on yourself as a good person who has dignity and strength. Think about what is important to you in life, what gives you a sense of meaning or purpose, what makes you feel proud, and what you have learned through your difficulties. Write these down or draw a picture representing these qualities and put this somewhere you can see it to remember the good.*

Closing Practice (5 Minutes)

Ask the group to think of something they learned today in group that they hope will help them feel better. Give examples and have a few people name them out loud.

Then do the Closing Practice (follow instructions from Session 1). Remind them that as they become more comfortable with this practice, they can do all or parts of the exercise at home.

Session 9: Reconnecting to Self, Community and the Future

Preparing

Theoretical Rationale: What Are We Doing and Why?

Reconnection means that survivors draw on those aspects of themselves that they most value from the time before the torture or war experiences, from their endurance of the traumatizing ordeal itself, and from their current experiences and recovery to forge a more resilient and empowering sense of identity. Reconnecting with the dignity of the self and the support and interaction of the community are the primary goals of this session. Reconnection emphasizes that the goal is not simply to get past the trauma symptoms, but rather to reconnect to the world and develop new relationships.

Here we focus on supporting the clients to **consolidate the gains** of the therapeutic process in order to apply it to their life outside of the group. The discussions and activities focus on functioning and empowerment that can support the survivor to actively re-engage in the world. The goal is that the clients no longer feel held captive by their past, but rather feel a renewed sense of **agency** and empowerment to identify what they want for themselves and create a plan for how they will accomplish their goals.

In addition to developing or regaining the ability to form and maintain healthy, trusting relationships, it is also a reconnection with oneself – to those beliefs that gave meaning to life before the traumatic event, to self-worth and to personal dignity.

For further reading:

Herman, J. (1997). *Trauma and recovery*. New York, NY: Basic Books.

Najavits, L.M. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse: Cognitive-behavioral therapy for PTSD and substance abuse*. New York, NY: Guilford Press.

Session Goals

- To help group members reconnect with themselves by recognizing and appreciating their inherent dignity and value.
- To help group members develop increased hope for their future life.
- To help group members understand and build connection to community.
- To facilitate group members' exploration of their personal goals.
- To help group members begin to prepare for future challenges.
- To help group members begin to think about rebuilding their lives.

Materials

- Snacks.
- Chairs or benches.
- Group rules, the triangle and table pictures taped on the wall.
- Flip chart and markers.
- Predrawn picture of tree.
- Predrawn picture of ladder.
- Paper for drawing ladder and goal.

Session 9 Summary

Topic/Activity		Materials Needed	Timing
	Opening the Circle Welcome & opening practice	Group rules	**5 minutes**
	Check-in & recap		**10 minutes**
	Home practice check-in		**5 minutes**
	The Work		
	Today's topic & psychoeducation		**5 minutes**
	Tree/inner core exercise	Tree picture	**30 minutes**
	Future goals	Ladder picture, cognitive triangle (as needed), paper for drawing ladder and goal	**20 minutes**

Topic/Activity		Materials Needed	Timing
	Closing the Circle		
	Recap of today's session		**5 minutes**
	Home practice		**5 minutes**
	Closing practice		**5 minutes**
Total session time			**90 minutes**

Opening the Circle

Welcome and Opening Practice (5 Minutes)

- Again, warmly welcome everyone to the group.
- Invite them to participate in the opening practice.

Check-In and Recap (10 Minutes)

Check in about where people are with thoughts, feelings and sensations they may be having now or may have had since the last session.

Acknowledge to the group that this is the second-to-last session and briefly discuss what was learned in the last session.

Home Practice Check-In (5 Minutes)

Check in with the group to see if they were able to do the home practice from last week:

- *Develop a practice or memorial to your loved one(s) and write down or draw a picture of some of the gifts and strengths they have given you. Pick a regular time to remember your loved ones.*
- *Think about ways that you can rebuild your life, using these strengths from your loved ones.*
- *Focus on connecting with others — your family, friends and group members — and on making new connections.*

The Work

Introduction of Today's Topic and Psychoeducation (5 Minutes)

Last week we thought about how the things we miss affect our daily lives, and how we can draw strength from the lessons we take with us from those we have lost. Today we will talk about our own strength and value in our daily lives, our contributions to the community, and planning for the future.

Dignity and Value: Tree/Inner Core Exercise (30 Minutes)

Metaphor
It is easy for group members to talk for a long time about the metaphor of the tree without relating it to their own lives. As with all metaphors and stories, the point is to deepen their understanding of themselves and their own lives, rather than just stay in the metaphor or story.

1. Show a predrawn picture of a tree with falling leaves and cut branches. The tree will have roots that are not broken, and despite the falling leaves and cut branches, there are also a few small signs of new life, such as a small flower bud beginning to grow from one part of the tree, and fruit hanging from the remaining branches.
2. Ask the clients: *What do you see?* (Allow them to answer.)
3. Then ask: *Is the tree still a tree, even though it has lost its leaves?* (Let clients answer. Most or all of them will say "yes, the tree is still a tree.") When clients say yes, it is still a tree, ask, *Why?* If any client says "no, it is no longer a tree," ask, *Why not?* During this discussion, the facilitator should point out that the tree is still a tree because it still has its inner core — it still has the heart or soul of a tree. Point out the trunk of the tree. What does the trunk represent? Facilitators may suggest dignity, strength, resilience, the heart of the tree.
4. Refer to the cut branches, and ask: *What can this mean? When we lose people we love, we can feel like part of us is missing. Often we also have lasting physical injuries, which make us feel like we have lost a part of who we are. We may also have emotional injuries, and although they cannot be seen, they may make us feel like we are missing a piece of ourselves.*
5. *How does this relate to your own feelings?* Empathize with and validate these responses. Point to the little sprouts and ask: *What are these? How does this new growth relate to our lives? Where do we see new growth and possibilities in ourselves and our lives?*
6. Refer to the roots of the tree: Ask group members: *What functions do the roots perform? The roots give nourishment to the tree, the roots are the foundation of the tree, the roots help the tree to remain standing, etc.*
7. Point to the fruit of the tree, and ask: *How does the tree still produce fruit, even if it has a broken branch? The tree still has roots that keep it alive and allow it to draw nutrients to produce the fruit; even if a branch is cut, it can grow back and continue to produce fruit.*
8. Ask group members: *What about for us, how are the people in this group like the tree? Can any of you tell us about your own roots?* Let the participants comment on what they consider their roots to be. Some may say that they feel that their ancestors are their roots, some may say that their relatives are their roots, some may say that God or their spirituality are their roots. Any answer can be correct if it is a meaningful source of strength and sustenance for the group member.

   Can any of you tell us what your fruit is? Encourage the participants to list what they feel is their fruit. What do they contribute to their family, friends, church and community? Participants may say that they take care of their children, cook meals for their family, help their neighbor in need,

sing at their church, make money, listen to a friend, play football, create art – all community activities and talents here can be their fruit.

Note to Counselor
Sometimes groups will go into long discussions in this section about being uprooted and not being able to thrive in bad soil. This is not helpful. Reframe the discussion of roots as being core to who they are, and emphasize that they can access the strengths of the roots wherever they are. Other groups may focus only on the broken parts and have trouble seeing the new life. Adapt the drawing and discussion in a way that can validate the feelings but also gently challenge them to identify the new sprouts of life for themselves, even if it is something small. Most likely you will know the group members well enough to highlight healing or helpful changes in their lives that you have seen.

We are all human beings. Each of us has an inner core that expresses our human dignity. Our inner core or soul is what makes every person important and unique. There is no one else in the world like you. Each one of you is special. Sometimes, when we are feeling upset or alone, we can find strength from our inner core, our heart, our soul. Just like the roots of the tree, we are connected and grounded to the world around us, and we find strength to keep growing. Just like the fruit of the tree, we still have unique and valuable things to contribute our community and to the people around us.

OPTION: You may find it helpful to have them draw their own tree, either before the discussion or after, so they can represent themselves in their own tree. They can also name their tree to show their uniqueness and qualities – for example, "I am a fig tree, my trunk and roots are very strong and my fruits are nutritious."

After completing the first part of the session (tree exercise), transition into the second part of the session (ladder exercise).

Say something like: *We are people of value, and people whose lives are important and meaningful. We need to be able to think about our future, and to have hopes and dreams.*

Although we have encountered losses, we have been talking about what we still have, that is, our dignity and value, our inner core. We are still connected to the world around us through our roots and our fruits. For the rest of today's session, we are going to talk about using our core strength to help us plan for the future.

Future Goals (20 Minutes)

Adaptation
With populations that are not literate, drawing can substitute for writing.

What is a goal? A goal is something we want to do, be or achieve. Goal-setting (deciding on future aspirations) is a step-by-step process of working to build the life we want. Have you ever thought about what you would like to do, become or achieve? Go around the group, and ask each participant to share about what they hope to do, achieve or be in the future.

For each response, ask some of the following questions: *What do you like most about this goal? How will fulfilling this goal be good for you? How will fulfilling this goal help the community or be good for the community? What challenges or obstacles do you think you might encounter in your efforts to fulfill this goal? What steps can you take now that will help you reach this goal in the future?*

In order to stimulate group interaction, instead of asking the person himself or herself, you may wish to ask the other group members: *What challenges or obstacles do you think [group member's name] might encounter in his/her efforts to fulfill this goal? What steps could [group member's name] take now in order to be able to reach this goal in the future?*

Note to Counselor
This step will require using your skills of helping group members connect their thoughts and feelings (bring back the cognitive triangle here again and use as needed). How do the group members' thoughts and feelings connect to achieving the goal and changing behavior?

Ladder: Taking steps to reach our goal.

1. Show a picture of a ladder. Ask the group members what they see. Then ask, *When we climb a ladder, do we arrive at the top just by thinking about it?* No, we can't. If we just stand there and stare at the top, we will never arrive at the top. In order to get to the top, we need to take action that will help us reach where we want to go. Ask group members, *How can we reach the top of the ladder?* The answer is step by step: by taking one step at a time, we will be able to reach the top of the ladder. *This can feel like it takes a long time, but you are on a ladder, you are heading in the right direction, you are progressing on the ladder, even if it feels slow or gets confusing. You have already taken big steps by participating in this group, etc.*

   To help the group members choose a practical goal, indicate that they should choose a goal that they can accomplish in the next month. We are helping them develop skills to be able to set achievable goals, and this gives them a framework within which to practice.

2. *If we want to achieve our goals, such as [mention some of the goals that participants shared during the discussion], we need to take some steps that will help us do so. For example, if your goal is to complete your education, what are some steps you might need to take?* Draw out some responses, such as "attend school regularly," "pay attention to the teacher," "complete my homework," "study hard for exams," etc. *Who climbs the ladder with you? What do you need to take the next step?* Use as many examples until the group understands the concept of goals and taking steps towards goals. Make sure the examples are appropriate for the group.
3. Give all group members a picture of a ladder with a star at the top. Have them write or draw their goal in the star, and then in each step of the ladder, write or draw a step they can take to complete their goal. They should choose something that can realistically be achieved in the next month. Share the picture with the group.

Note to Counselor
It is important to encourage goals that are realistic, so that group members are not setting themselves up to fail, while also trying not to dampen positive ambition or big dreams. Note the difference between realistic and impossible. For example, "going to college" for a group member who is living in a refugee camp is difficult, but not impossible. "Growing a new arm" is impossible. If the goal is too big of a step, help the group member to divide into realistic small steps. Walk around and help the group members as this can be challenging for them. Also note that an important part of this activity is simply getting the group members to think about the future with hope, not the goal itself.

Closing the Circle

Recap of Today's Session (5 Minutes)

Say something like: *I am feeling the strength in the room from hearing all of the ways you are connected, the fruits you produce and your goals for the future. It was certainly no small task, and it is inspiring to hear of your hopes for the future.*

Acknowledge to the group that next week will be the last session. Tell the group that they will have a chance to acknowledge what they have learned, and how they have grown together.

Home Practice Assignment

New skill:
This week, the home practice is to continue to fill out the steps in their ladder (if they did not finish) to help them reach their goal. They can then bring in the ladder the next week to share with the group.

Continued practice:

- *Strengthen the practice of grounding and/or movement breathing exercise every day. Continue to work on changing thoughts, feelings and actions, and adding helpful coping strategies to your tool box.*
- *Practice noticing things that are going well or that are pleasant so that you can retrain the brain to see the joyful moments in life.*
- *When you wake up every morning, start your day with an encouraging thought about yourself or your day ahead.*
- *Practice some of the movements from the closing exercise.*
- *Notice your body several times a day and monitor feeling certain sensations and tensions.*
- *Use the coping skills that you have learned to release the tension, and also to do the practices every night before you go to sleep. The more frequently you use the coping skills, the better you will be able to manage any distressing feelings.*
- *Think about the gentle words from the person who cares about you and try to say these to yourself as often as possible.*
- *In addition, identify and focus on yourself as a good person who has dignity and strength. Think about what is important to you in life, what gives you a sense of meaning or purpose, what makes you feel proud and what you have learned through your difficulties. Write these down or draw a picture representing these qualities, and put this somewhere you can see it to remember the good.*
- *Develop a practice or memorial to your loved one(s) and write down or draw a picture of some of the gifts and strengths they have given you. Pick a regular time to remember your loved ones.*
- *Think about ways that you can rebuild your life, using these strengths from your loved ones.*
- *Focus on connecting with others — your family, friends, group members – and on making new connections.*

Closing Practice (5 Minutes)

Ask the group to think of something they learned today in group that they hope will help them feel better. Give examples and have a few people name them out loud.

Then do the Closing Practice (follow instructions from Session 1). Remind them that as they become more comfortable with this practice, they can do all or parts of the exercise at home.

Note to Counselor

For this session, as you take the clients through the closing practice, make sure to amplify it more in relation to the tree we have just talked about – for example, adding extra narrative like *Let's feel our feet on the ground rooted deep like our tree roots of dignity….* This connects the session to the closing practice in a useful way.

Session 10: Integrating and Saying Goodbye

Preparing

Theoretical Rationale: What Are We Doing and Why?

This session pairs a reinforcement of the helpful work that group members have done with **behavioral activation,** and sets the stage for hopeful expectations going forward. This continues the important work of reconnecting with themselves and their community, as well as demonstrating a healthy goodbye and reinforcing the relationships they have made in the group. This can model important relationship interactions that they may have in the future, as well as making space to honor and reflect on the time they have spent together and how they have supported each other. This session is also focused on **consolidating gains** from the group by reflecting on what they have learned in the group and ways to take their healing journey forward into the future. **Empowerment** is an important theme in this session. Identifying the skills they have learned and integrated into their daily routines reinforces their self-confidence and improves their sense of **agency** over their lives.

For further reading:

Cully, J.A., & Teten, A.L. (2008). *A therapist's guide to brief cognitive behavioral therapy*. Houston, TX: Department of Veterans Affairs South Central MIRECC.

Session Goals

- To review the gains that group members have made through the group counseling process.
- To help group members create a behavioral plan for applying the counseling to their life.
- To model a healthy, appropriate process for saying goodbye.
- To help clients clarify their understanding of what the group has meant for them and what they gained.
- To acknowledge, emotionally process and symbolize the end of the cycle.

Materials

- Predrawn example of *keep, stop, start* to post.
- Predrawn session outline, cognitive triangle, table, tool box.
- Flip chart.
- Blank paper and pens or markers/crayons.

Session 10 Summary

Topic/Activity		Materials Needed	Timing
	Opening the Circle Welcome & opening practice		**5 minutes**
	Check-in & recap		**10 minutes**
	Home practice check-in		**5 minutes**
	The Work		
	Today's topic		**5 minutes**
	Group discussion		**15 minutes**
	Keep, stop, start	Predrawn example of *keep, stop, start*; blank paper and pens or markers/crayons; predrawn session outline	**20 minutes**
	Letter to the future group		**15 minutes**

Topic/Activity		Materials Needed	Timing
	Closing the Circle		
	Recap of today's session		**5 minutes**
	Closing practice		**5 minutes**
Total session time **This session is shorter in length to leave time for the group celebration*			**85 minutes**

Note to Counselor
In advance of this session, think back through the group sessions for particularly meaningful concepts that were special for this group. You may want to highlight these if the group is having trouble coming up with things on their own.

Opening the Circle

Note to Counselor
Saying goodbye can be hard when you have created a meaningful relationship or shared a meaningful experience. Goodbyes can carry an even deeper challenge for group members if they have not been able to say goodbye to others when fleeing, or when others left suddenly, were disappeared or were killed. Be aware of this connection when saying goodbye with the group.

Welcome and Opening Practice (5 Minutes)

- Again, warmly welcome everyone to the group.
- Invite them to participate in the starting practice.

Check-In and Recap (10 Minutes)

Check in with how the group members feel about this being the final session, keeping in mind the note above.

Home Practice Check-In (5 Minutes)

Ask if group members were able to fill out the steps in their ladder to help them reach their goal, and if anyone would like to share it with the group.

Also discuss the skills that they will be keeping in their **tool box**.

The Work

Introduction of Today's Topic (5 Minutes)

Remind participants that today is Session 10, and that, as we mentioned at the beginning and as we have reminded them before, today is our last session meeting together as a group. Tell them that for the rest of today's session, we are going to focus on bringing our group to a close and saying goodbye.

Saying goodbye to people we have come to trust can be difficult and sad, so we are going to spend some time honoring the experiences we have had in this group, and reflecting on what we have gained from the group. We have shared with each other in ways that are meaningful, and we have shared things here that we have never before shared. So although we may see each other around, or even continue friendships after the group, the group as it is now is ending.

Note to Counselor

In this session, it is important to find the balance between supporting positive relationships after the group session, which can be helpful, and encouraging unrealistic plans, which could be harmful. It is common for participants to make various comments or plans about continuing the group in some way. We want to encourage them to continue to support each other, while acknowledging the end of the group as it has been currently structured. As a facilitator, avoid making any agreements, promises or plans regarding continuation of the group from on your part. You can, however, empathize with the group members' wishes to continue.

Keep, Stop, Start (20 Minutes)

We have all changed or grown in some way because of our participation in this group. We have spent time practicing things outside the group, and sharing things inside the group. One thing that can help us continue to grow is to think practically about how we will take action from the things we have learned. Now we will think back through the sessions, and write down or draw how we will continue to apply the lessons to our life after the group ends. There are things that we are doing well, and we want to keep doing those things. There may be some things that cause us problems, and we want to stop doing those things. And there are things that we learned that might help us, and we want to start doing those things. Note that it is easier to make changes in life if we can think of specific actions we will take.

Give each group member a blank sheet of paper.

Review the group sessions verbally, using the predrawn session outline or drawing symbols to represent the topics of each group. For each session, have participants comment on what they remember and what they learned or valued from the session.

Show the group the **completed example**, which shows something to keep doing, stop doing and start doing, based on a lesson learned in the group. Explain that there are no right answers, and they can write down or draw anything that they feel is valuable to them personally.

Ask the group members the following questions and have them note their responses on their paper either in words or pictures:

- *Which things would you like to keep doing?* (Examples might include "grounding exercise," "playing with my children," "walking.")
- *Which things would you like to stop doing?* (Examples might include "yelling at my family," "isolating myself," "staying in bed all day.")
- *Which things will you start doing?* (Examples might include "movement breathing every day," "stretching," "taking steps towards my goals.")

Have each person share with the group what they will keep, stop and start.

Letter to Future Group (15 Minutes)

Collaboratively writing a letter to the next group can contribute to consolidating the gains of therapy, as well as serving as a way to connect to others. Passing on encouragement to the next generation of clients can also reinforce positive messages for the group to take away. Write the letter together as a group on the flip chart. This will be read at the starting of the next cycle of groups.

Say something like: *Just as you read a letter at the beginning of this group, you have the opportunity to write to the next group and offer them encouragement and advice for engaging in group counseling. We will write this letter together on the flip chart. What messages would you like to include to the next group?*

Closing Group and Saying Goodbye

Saying goodbye can be hard when you have created a meaningful relationship or shared a meaningful experience. Goodbyes can carry an even deeper challenge for group members if they have not been able to say goodbye to others when fleeing, or when others left suddenly, were disappeared or were killed. Be aware of this connection when saying goodbye with the group.

Group Discussion: Use the Questions You Feel Are Most Appropriate for Your Group (15 Minutes)

- *What does it mean to say "goodbye"?*

  Facilitate the discussion, and include the idea that saying goodbye means acknowledging the impact of the relationships on your life, and coming to an ending.

- *What things have you learned about yourself while in this group? Do you feel different from when you started this group?*

  Facilitate the discussion, and include the idea that the individuals in this group have shared difficult things but found meaning and support from the group members, learning to trust and share. You may choose to include meaningful anecdotes from the last 10 sessions.

- *What have you appreciated about the group? What has touched you the most? What things will you hold in your heart?*
- *What have you appreciated about each other?*

- *What opportunity does saying goodbye provide us? (It's a chance to be able to say goodbye, we're able to show our appreciation, we're able to have closure.)*

A common practice for closing the group is sharing a simple meal together at the end of the last session. In many cultures, sharing a meal is a way of showing respect and caring for one another, of acknowledging the courage and commitment group members showed by remaining with the group for the duration of the cycle, and of celebrating the relationships they have made.

Closing the Circle

Recap of Today's Session (5 Minutes)

Note to Counselor
As a counselor, you have also shared a meaningful experience with the group. It will be helpful to consider what this group has meant for you personally, and how you will say goodbye. It can also be helpful to consider how you will balance this personal feeling for the group members with the professional obligation of maintaining boundaries. How will you respond if you see the group members in a social setting after the group? What if a group member asks you to continue talking with them outside of your work tasks? These things can be helpful to discuss with your supervisor.

Celebrate and praise the work the group has done.

Closing Practice (5 Minutes)

Ask the group to think of something they learned today in group that they hope will help them feel better. Give examples and have a few people name them out loud.

Then do the Closing Practice (follow instructions from Session 1). Acknowledge that we are doing this practice for the last time. Reinforce the meaning and benefits of the practice. Encourage continued use of these movement activities or others that are similar, to continue the strengthening and the integration that naturally occurs when we do them.

Annex 1: Assessment Training Material

This Annex provides a more detailed explanation of CVT's assessment process. This material should be used for training and supervision of counselors.

Reasons For Doing Comprehensive, Individual Client Assessments Include:

1. *To build the foundation for the therapeutic relationship.* The relationship between client and counselor is an essential component of successful therapeutic work. It is important that each member of the group has a chance to build a personal relationship with a CVT counselor before entering the group space, even if the assessor will not be in that client's group. The individual assessment provides an opportunity for a longer, deeper and private conversation between client and counselor, a chance for clients to express their hopes and doubts, and a chance for counselors to respond. This begins the process of building a safe and supportive relationship with CVT.
2. *To provide information about counseling, the counselors, the group counseling model and CVT.* Many clients who come to CVT for services are anxious about what the engagement might mean for them. Often this anxiety springs from incorrect assumptions and unasked questions. One of the most effective ways of assisting anxious clients is to provide accurate information that they can use to make good choices for themselves. The assessment process provides an opportunity for the clients to find out everything they might want to know about CVT and its work.
3. *To obtain explicit, written consent for treatment.* It is important for both ethical and legal reasons that every client understands clearly what entering treatment with CVT entails, and what CVT is able and unable to offer. Based on this understanding clients are asked to sign a written consent to treatment, and consent that CVT be allowed to use their information to improve the effectiveness of programming through training, monitoring and evaluation, and research. The assessment process gives the counselor a chance to explain all of this to each individual client, and for clients to ask whatever questions they would like to.
4. *To test the early expectations of both client and counselor.* Both client and counselor enter the therapeutic relationship with some expectations of what work will be most important for the client. A comprehensive assessment creates the opportunity to inquire about parts of the clients' life that they might not otherwise talk about, and an opportunity for the clients to tell the counselor about aspects of their experience that the counselor might not otherwise have asked about. This ensures that the therapeutic work is informed by as much relevant information as possible.
5. *To identify and prioritize the client's goals for therapy.* Because CVT's model is a group model, it is possible to lose sight of individuals' needs and goals. The assessment meeting(s) provide an opportunity to talk about each client's most pressing psychosocial problems, and to establish individual therapeutic goals.
6. *To allow for treatment planning.* The information gathered in 4 and 5 provides the foundation for good treatment planning. Based on this information, it is possible for counselors to decide what services are needed, which group would be most suitable to the client, and what additional services and referrals might be needed in future.

7. *To track progress.* It sometimes happens that clients (and counselors, too) find it difficult to track the therapeutic progress being made. The focus on the clients' problems and suffering sometimes overshadows positive change. Repeated assessments allow clients and counselors to step back a little from the current work and take a longer perspective on their progress. It is not uncommon for both clients and counselors to receive a happy surprise when they discover that things are, in fact, getting a little better. These surprises tend to be highly motivating for both client and counselor. Equally, if the results of repeated assessments show no positive change, the counselor is prompted to consider a change in therapeutic approach, an important conversation to have with a supervisor.
8. *To document mental health needs for other service providers.* Sometimes it is helpful to provide other service providers with detailed information about a particular client's emotional and social health. For example, this might be important if a client is referred to a psychiatric hospital for inpatient care, if the client moves to a different place where CVT has no counselors, or if a refugee client is resettled and wishes to continue their treatment in their new home. Note that CVT will only transfer client information to another service provider with the client's written permission, and under the guidance of a supervising clinician.

The Therapeutic Benefit of Assessment

In addition to the above-mentioned benefits, research shows that the process of assessment is therapeutic in its own right. That means the clients derive some psychosocial benefit from participating in an assessment, even if they don't enter into any actual therapy. However, this depends upon how assessments are conducted. Assessments are therapeutic when counselors do three essential things:

Develop and maintain empathic connection with clients throughout the assessment. Unfortunately, it is easy when one is under pressure to treat the assessment process as an administrative exercise in filling in forms. This is not the intention, and when assessments are conducted in this manner, important therapeutic opportunities are lost. The assessment is intended to take the form of a caring and thoughtful conversation about the client's experiences, problems, and resources. This means that the counselor must learn what information is required for the assessment, in order to avoid constantly referring back to the forms. In this way, the empathic connection is maintained throughout the conversation. (Please note that only Section F of the assessment should be conducted with the form open in front of the counselor. In this section, it is important to ask every question in the way that it is phrased on the intake form. This is obviously too much for any counselor to remember, and so it will be necessary to refer to the forms. However, the counselor should still ensure that the empathic connection is maintained.)

Work collaboratively with clients to define individualized treatment goals. Successful therapeutic work depends on the client and counselor developing a shared understanding of what that individual client wishes to achieve through counseling. This happens during Section D of the CVT assessment, where the client is asked to identify two goals that they would personally like to work towards during counseling. If the client has more than two goals, further goals can be recorded on any white space on the assessment forms. However, it is important to remember that the CVT group

model is a time-limited mental health intervention. It is important to prioritize therapeutic goals and to be realistic as to what can be achieved in 10 weeks.

Share and explore the assessment results with clients. Counselors should immediately explain the results of the assessment, and discuss those results. This does not require that the rating scales be formally scored. Rather, counselors should talk about what they observe in the clients' responses to the questions. Below are examples that illustrate how this kind of conversation might start.

I notice that you have said that you often feel sad and lonely, and that you cry very easily. You also said that you sometimes feel worthless and occasionally have thought about ending your life. These are all signs of feeling depressed. You also told me how you had to leave school and abandon your plans of becoming a lawyer. Your education was obviously a very important part of your life, and I wonder if some of the reasons you are feeling so depressed have to do with your schooling being interrupted?

I see that you have many troubles associated with trauma – you told me you find it difficult to sleep, are often very jumpy, spend lots of time thinking about your bad experiences but don't like to talk about them. This is very common in someone who has been through the kinds of things that you told me about. I also observe that even though you have all these troubles, you are still managing to do things like take care of the house and earn some money for you and your family. That is excellent and shows that you have much strength inside you, too.

In this way the counselor tells the client what he or she observes during the assessment, and what this might mean. The counselor also draws links among different aspects of the assessment and invites the client to comment and explore further.

Some Frequently Asked Questions about Assessment

Does an assessment cover everything that is important about my client?

No assessment form will ever contain every significant detail in a human being's life. The assessment form focuses on key pieces of information that are important for treatment planning, or that reflect changes in emotional health. If the client provides additional important information that is not requested on the intake forms, the counselor should note that information on any available white space on the form, or on a separate page that can be added to the client's file.

Do I have to ask every question on the assessment form?

Yes. In order to ensure that the assessment is as comprehensive as possible, CVT expects counselors to ask every question on the intake assessment form. Occasionally, a client may prefer not to answer a question. If this happens, the counselor should not press the client for an answer. Instead the client's preference not to answer the question should be noted on the form.

Are the measures normed for clients from different populations?

CVT's assessment forms contain reliable measures of common psychosocial indicators associated with war and torture. They have been found to be culturally acceptable in the various populations with which

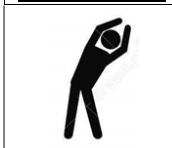
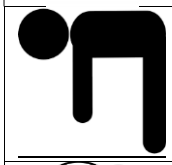
CVT has worked. Standardization or norming of a measure to a particular population generally entails comparing an individual with the population in order to make some kind of judgment, such as a diagnosis. CVT does not use measures in this way, and so the question of norming is somewhat irrelevant to our work. Instead CVT uses the measures to compare individuals' intake scores with their own follow-up scores in order to assess improvement in clients' emotional health.

How are the symptom assessment measures scored and used?
CVT does not use measures to establish a diagnosis. The measures are used to compare individuals' intake scores with their own follow-up scores in order to assess improvement in their emotional health and identify concerns for follow-up.

Who sees the client assessment forms?
Completed assessment forms, and electronic copies of the same information, are seen only by the counselors and supervising clinicians responsible for the treatment of that client, and by the data officer responsible for recording and securing those forms. All CVT staff are trained in the ethical protection of both hard copy and electronic forms of client health information.

Does the client information get used for purposes other than treatment?
CVT asks clients to give permission to use of their data anonymously for staff training, as well as monitoring, evaluation and research work designed to improve mental health services offered to survivors of war and torture. For these purposes, CVT removes all identifying information such as names, addresses or dates of birth and use only combined data from many clients to learn about and improve the programs.

Annex 2: Closing Practice Handout with Images

	*Think of something you learned today in group that you hope will help you feel better.* Give examples and have a few people name this out loud.
	*Stand with both feet firmly connected to the floor, your roots growing into to the ground, making you feel strong and stable. Relax your eyes towards the floor. Feel the support of the ground. Now take a few breaths and notice your breathing. Specifically, notice your inhale, and then your exhale. When you exhale, press your heels into the floor and feel your feet become even more rooted to the floor.*
	*Inhale and stretch, stretch, stretch your arms up towards the sky and open your mind and heart to new possibilities. When your arms reach as far as they can go, exhale and release your hands and then let them rest on your heart, allowing hope to grow in your heart. Do this two times.*
	*Inhale and stretch your arms long in front of you, and then open them wide and feel the connection with the group members. Exhale and bring your hands back to your heart. Do this two times, beginning and ending with your hand on your heart.*
	*Imagine that you are reaching to pick a piece of fruit from a tree. That fruit is what you identified as something you learned today that you would like to pick and place in your heart and keep with you. Inhale, and stretch-stretch-stretch your right arm up to the right and pick the fruit. With your exhale, bring that fruit into your heart.*
	*Alternate left to right a few times, reaching-stretching-gathering, moving fluidly and always coming back to your heart.*
	*Think of the seeds of good that come from the fruit that you would like to grow and share with others (group members, family and friends). Inhale and stretch your arms down towards the ground and make a movement like you are scattering these seeds to share with others. Move about the room scattering these seeds and if you are comfortable, making eye contact and smiling at other group members.*
	*Return to the circle and take a moment to think about how you feel right now. Think of a phrase that makes you feel good. Examples might be "I am strong," "I have hope for the future," "I have something to offer others," etc.*
	*With this thought in mind, inhale with your hands on your heart, and when you exhale, press your hands into your heart gently. Do this three times.* ***Share out loud*** *with the group the thought that makes you feel good so they can benefit from the "seeds of good."*

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Glossary

Agency	The ability to make choices and have decision-making power in one's life.
Affect	The experience of feeling an emotion, which is influenced by our perception of an event.
Arousal	Activation of the sympathetic nervous system, which can be measured subjectively through self-report.
Behavioral activation	Engaging in behaviors that help improve mood-related symptoms – for instance, movement activities, developing daily schedules, and taking steps towards goals.
Cognitive behavioral therapy	A therapy that can help one manage problems by understanding the connection between thoughts, feelings and behaviors. The goal is to help clients understand that by changing their thoughts, they can then change their feelings and behaviors. They can also make changes at other points in the triangle to create a helpful chain reaction.
Cognitive restructuring	A psychotherapeutic process where the client learns to identify and dispute unhelpful thoughts and then reframe them in more helpful ways.
Cognitive triangle	An image that demonstrates the relationship between thoughts, feelings and behaviors.
Confidentiality	Whatever the clients discuss and share in the group remains private. Neither the counselors nor other group members will talk about the personal stories that they have heard outside of the group. This helps to build a sense of safety and trust in the group.
Consolidating gains	Bringing together all that has been learned through therapy and building confidence in the skills that have been developed.
Coping	Developing skills in order to master or minimize the impact of stress.
Eliciting	The process of using techniques such as open ended questions in order to bring forth feelings, behaviors or thoughts.
Emotional safety	A state where clients are able to be open and vulnerable, which is achieved through building trust in the group.
Empowerment	Increasing the degree of autonomy and self-determination so that clients are able to make their own life choices.
Grounding	The practice of staying focused and present, often when overwhelmed by strong feelings. Grounding can be achieved through breathing and focusing techniques that assist clients in staying present in the moment.
Integration	The act of bringing together all of the components that have been learned through the therapy process.
Imprinted	Learning that has occurred at a particular stage of life or through traumatic experiences and that has long term consequences for emotions and behavior.

Live supervision	A process where the supervisor sits in on therapy sessions and provides coaching and therapeutic input.
Making meaning	The process of finding new meaning or purpose after a traumatic event.
Mastery	Is the process of effectively learning a skill, such as a coping skill that helps manage emotions
Narrative	A written or spoken account of connected events.
Psychoeducation	An interactive process where information is shared through discussion and explanation. Psychoeducation sessions can be delivered creatively using drama, role-play, art or any other method that would be culturally accepted. The goal of psychoeducation is to be interactive and provide information in an engaging way.
Regulation (emotions)	A process where the client begins to understand what is impacting their emotional reactions and then modulate their emotional response using techniques such as grounding and breathing.
Regulation (breathing)	A skill whereby the clients learns how to gain control of their breath in order to assist in managing physiological processes such as rapid heart rate.
Resilience	One's ability to adapt to stress and adversity.
Safety	Creating safety is the first step in the counseling process and is essential for helping clients prepare to discuss what has happened to them. Tools for establishing safety include having the same opening and closing structure, relationship building between clients and the counselors, empathy, active listening and grounding techniques.
Therapeutic window	The emotional or affective range in which trauma processing is most effective; the window in between too much and too little affective arousal.
Torture	Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him/her or a third person information or a confession, punishing him/her for an act he/she or a third person has committed or is suspected of having committed, or intimidating or coercing him/her or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.
Trauma	Means "wound" in Greek. Trauma often threatens one's survival or sense of security and can include events such as war, accidents, abuse, torture and natural disasters. Trauma is subjective.
Traumatic memory	Results from a traumatic event; stressful memory that can often overwhelm a person's existing coping mechanisms.

Trauma processing	Involves integrating the traumatic experience and beginning to create meaning.
Weaving together memory	Traumatic memory is often fragmented, and clients will have a difficult time remembering what happened to them in logical order. Ask clients questions such as • *What was the time and setting of the traumatic event?* • *Where was the location, and what were you doing?* • *How did you feel at the time?* • *What thoughts were you having?* • *What body sensations were present?* • *What smells, sounds and sights do you recall at the beginning and at the end of the traumatic event?* By asking these questions, clients can begin to weave together their memories and begin to integrate traumatic events.

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