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## **Abstract**

The current study aimed to understand the experiences of refugee women living with HIV as they participated in the Tree of Life (ToL), a group-based narrative intervention. A qualitative case study methodology was used. Five African refugee women took part in the study. The ToL consisted of seven two-hourly sessions conducted on weekly basis. Further, participants completed a feedback form after each session, and they were individually interviewed on completion of the ToL. The researchers kept detailed field notes. The data indicated that participants were motivated to attend the intervention in order to overcome their psychological distress, isolation and negative thoughts associated with their situation. Participants found the intervention beneficial. In a safe and supportive setting, and through the art making process, they were able to reflect on their painful past and current issues associated with their migratory stressors and with living with HIV. They identified personal strengths and qualities that enabled them to cope and build their resilience. The art making process and the discussion of the tree empowered them to re-author their life narratives. Finally, they related to each other and they developed a sense of connectedness. The findings indicate the Tree of Life as a promising intervention that can be used with refugees living with HIV. Implications and future directions are discussed.

**Keywords:** group process, HIV, narrative intervention, refugees, psychological distress, trauma, women.

During the last decade, wars and political upheaval have led to humanitarian crises of unprecedented proportions (Edwards, 2018). The displacement of millions of people (United Nations High Commissioner on Refugees [UNHCR] 2018) has caused multiple physical and emotional traumas (Afari et al., 2014; Li, Liddell, & Nickerson, 2016). Many developed countries are offering a safe place to refugees, however, much still needs to be done in order to address their physical and mental health needs and facilitate their integration (Chen, Li, Fung, & Wong, 2015). Women from refugee backgrounds are particularly at risk as they are at times subjected to sexual, emotional and physical abuse (Freedman, 2016). Subsequently, there is evidence that a proportion of these women contract the HIV virus (Vitale & Ryde, 2018). Within this context, mental health professionals stress the importance of providing comprehensive support to these women who are living with HIV. There is a growing need to explore novel and creative community based-therapeutic programs that can be used with these vulnerable women, who have sought refuge to promote personal growth (Jacobs, 2017), wellbeing and social recovery (Kim, 2016).

### **Challenges of Women from Refugee Background Living with HIV**

In general, all refugees, regardless of their age, gender and ethnicity, encounter pre-flight stressors in the form of various levels of fear, threat and atrocities (Song, Kaplan, Tol, Subica, & de Jong, 2015). As result of ongoing conflicts, refugees are often deprived of basic needs, including food, health, shelter, safety and education. Such deprivation in turn increases psychological distress (Kartal, Alkemade, Eisenbruch, & Kissane, 2018).

The process of leaving their country of origin adds further stress to refugees, as they often fear being discovered, and/or they are exposed to physical and psychological abuses by their traffickers (Khawaja, White, Schweitzer, & Greenslade, 2008). Further, most refugees face several challenges during their resettlement process, including lack of employment,

language and financial barriers (Alemi, James, Cruz, Zepeda, & Racadio, 2014).

Additionally, policies aiming to promote tolerance and integration towards refugees are fading out in Western countries, and this has exacerbated the prejudicial and discriminatory behaviour of native people towards them (Jetten & Essen, 2018)

Furthermore, women from refugee backgrounds encounter gender specific stressors, they often face the destruction of protective community and family structures found in their collectivistic cultures (Shishehgar, Gholizadeh, DiGiacomo, Green, & Davidson, 2017). Further, they are disproportionately impacted by economic, legal, and social disadvantage, food insecurity and unequal distribution of goods. Women from a refugee background might also experience a lack of social connectedness and emotional support in their host country (Rouhani et al., 2017), which can increase the stress of family responsibilities. Moreover, women from a refugee background are not always able to flee to safety with their children (Smith, 2015) and this separation increases loss and grief (Schweitzer, Vromans, Ranke, & Griffin, 2014).

Refugee women are at great risk of contracting HIV, as rape and gender-based violence are often used as weapons of war in their countries of origin (Freedman, 2016) They also are more exposed to harassment, physical assault and sexual violence in countries engaged in armed conflict (Hossain, Zimmerman, & Watts, 2014), as well as in refugee camps (Robbers & Morgan, 2017), and are more likely to be victims of human trafficking (Freedman, 2016).

There is very often limited awareness and treatment available for HIV in refugees' countries of origin (Chen et al., 2015) and they are likely to only discover their HIV status when they undergo medical examination in their host country (Chulach & Gagnon, 2013). Refugee women living with HIV are exposed to specific challenges associated with the sequelae of contracting the virus, while they are simultaneously trying to understand and

navigate a new health system (Vitale & Ryde, 2018). Additionally, refugee women living with HIV may encounter HIV-related stigma from their own ethnic groups (Mendelsohn, Schilperoord, Spiegel, & Ross, 2012), as well from their broader community, and, in some cases, from health professionals (Vitale & Ryde, 2018).

### **Tree of Life: A Narrative and Creative Intervention**

Literature indicates that refugees from non-Western backgrounds do not find the mainstream therapeutic interventions offered in Western countries useful because of potential language and cultural barriers (Droždek, 2015; Hijazi et al., 2014; Wyk & Schweitzer, 2014). Subsequently, these interventions might be avoided by refugees due to their lack of understanding of their effectiveness and/or the stigma and shame that they might attach to them (Hughes, 2014). Therefore, considering the limitations of conventional therapies, mental health professionals have been exploring other creative and culturally appropriate mediums to promote the post-traumatic growth and recovery of refugees (for a review see Schouten, de Niet, Knipscheer, Kleber, & Hutschemaekers, 2014). In particular, evidence is emerging that creative and art-based therapeutic methods are effective for individuals from non-Western societies, including refugee populations (Naff, 2014). Creativity, in its many forms, enables individuals to develop a slow and perhaps tangential method for processing traumatic experiences, which may lessen the risk of being re-traumatised (Van der Kolk, 2015)

Traumatic events refer to overwhelming situations that exceed the individual's ability to process the emotions they generate; these events therefore are not coded in the declarative memory, where they can be then easily recall (Levine, 2015), they are rather processed into the nondeclarative memory, which operates non-verbally and unconsciously (Squire & Dede, 2015). Strategies involving therefore symbols, images, sounds and metaphors (Dieterich-

Hartwell & Koch, 2017) can be used to process these painful memories indirectly and non-verbally in order to be then assimilated in the declarative memory (Gantt & Tinnin, 2009).

The ToL was developed by Ncube (2006) in South Africa to support young people who had lost their parents from HIV or were living with HIV themselves. Denborough, (2008), who worked with vulnerable Indigenous children in Australia, collaborated with Ncube to further enhance the program. This group-based psychotherapy incorporates creativity with narrative therapy principles to help those affected by loss and trauma (Ncube, 2006). It uses storytelling and drawing to provides a safe place (Van Westrhenen, Fritz, Oosthuizen, Lemont, Vermeer& Kleber, 2017) in which traumatic events can be processed (Dieterich-Hartwell & Koch, 2017). The TOL draws upon narrative techniques and principles such as respect, externalisation, deconstruction and storytelling to support individuals to reframe their past traumatic stories by re-writing more empowering and positive self-narratives (Denborough, 2014).

The ToL also strengthens a person's fundamental core beliefs, it instils hope and optimism and prepares him/her to cope with future challenges (Lock, 2016). During the ToL sessions, participants engage in drawing and reflecting on the various sections of their trees, which represent different aspects of their life, as well as their wishes and hope for the future (Hughes, 2014). On completion of the trees, participants are encouraged to put their trees together, to discuss "storms" which represent traumas in one's life. The recovery of "the forest after the storm" is rather used to strengthen the participants' post-traumatic growth and resilience. The ToL therefore helps participants to build a narrative around their lives, it enables them to look at the influences on their own development, to see themselves positively and to reflect on how they might withstand any future challenges. The group interactions and processes enable support, affirmations and learning from each other (Ibrahim & Tchanturia,

2018; Kira et al., 2012). The facilitators play an important role in promoting the group interactions and helping group members carve a strength-based narrative for their own selves.

Considering its success in providing a safe space to discuss traumatic events and to strengthen resilience and self-belief, the ToL was then used effectively with survivors of torture in Zimbabwe (Reeler, Chitsike, Maizva, & Reeler, 2009). Schweitzer et al. (2014) extended the use of the ToL to refugee populations to support young Liberians resettled in Australia to develop positive narratives of themselves. Furthermore, Hughes (2014) has used the ToL with refugee mothers from Afghani background resettled in England to stress the importance of using a flexible, non-stigmatising and culturally appropriate approach in school and community settings. ToL seems to be particularly effective in supporting refugee groups (Hughes, 2014; Schweitzer et al., 2014).

Despite these positive outcomes supporting the effectiveness of the ToL with refugee groups, to date there is no evidence regarding how this intervention can support the therapeutic growth of women from refugee backgrounds who are living with HIV. In line with the World Health Organization (WHO) Draft on Global Health Sector Strategies on HIV, 2016–2021 (WHO, 2016), providing immediate and effective psychological interventions to individuals living with HIV is an important public health priority. Thus, it is imperative to provide refugee women living with HIV community and therapeutic interventions that can build their resilience, as well as their sense of connectedness and integration in their host country (Ibrahim & Tchanturia, 2018; Kim, 2016; Naff, 2014; Van der Kolk, 2015).

This study is therefore set in this context, and it is built on previous research in which Vitale & Ryde (2018) explored the risk factors affecting the mental health of refugee women living with HIV, as well as their possible motivations for taking part in the ToL. The findings of the previous study indicated that participants' mental health was affected by the

multiple stressors associated with the intersection of being refugees and HIV positive, including social inequalities, poor health and mental health conditions, isolation, racial discrimination and HIV-related stigma. Furthermore, participants indicated a need to take part in the ToL in order to ease their sense of solitude, as well as to share their experience with women in similar situations. However, of the original eight participants involved in the initial study, only five took part in the ToL discussed in the current research (i.e., the remaining three did not engage for health and/or family reasons).

The objectives of the current study to understand the (i), experiences of women from refugee background, as they participated in the ToL; (ii) and the benefits of ToL, when used with these women. It was of interest to explore whether ToL promoted the participants' sense of belonging, cohesiveness, and personal resilience and ability to reframe their past traumatic experiences and strengthen their future hopes.

## **Methods**

The current study adopts a qualitative design, which is considered appropriate to explore sensitive topics related to health/ mental health (Braun & Clarke, 2014).

Specifically, this research utilised a Qualitative Multiple Case Study Design (QMCS), which is considered quite robust in evaluating interventions (Gustafsson, 2017), particularly with small samples. A QMCS adopts flexible methods of data collection to fit the specific inquiry (Thomas, 2011), where individual cases are compared and contrasted (Vannoni, 2014) in order to provide a rich understanding of the specific areas of investigation.

In order to enhance the trustworthiness of the data collection and analysis (Guba, 1981), the QMCS was built by combining multiple forms of data collection, such as participants' in-depth individual interviews, as well as their end-of the session individual



feedback forms, the visual material they produced during the sessions and the researchers' observational notes.

### *Participants*

Five African refugee women, referred to as Zane, Kali, Uma, Lulu and Asha, participated in the study. Their mean age was 45.6 years (range: 30-55 years) and they were from the Ivory Coast, Republic of Congo, Zambia, Zimbabwe and Ghana.

Participants could sustain a conversation in English language and were able to give informed consent. All had a secondary level of education except Kali, who had a primary level of education. Their duration of stay in the UK ranged between 10-18 years. Except for Uma, all participants had temporary permission to live in the UK for a specific duration, which could be extended or converted into permanent status, depending on their circumstances.

Except for Lulu, no participants were in a relationship at the time of the study. All cases were unemployed except for Asha, who worked as a part-time carer. All participants contracted HIV in their countries of origin. They were all receiving medical treatment for their HIV, however, other than the practical and emotional support offered by the non-profit organisation they had not received psychological treatment from psychologists or counsellors within the last 12 months. Each participant missed one session of TOL due to health-related problems.

### **Materials**

Art material, such as extra thick large sheets (56 x 76 cm), acrylic colours, brushes, erasers, ribbons, fibre tip pens, pencils, glitter glues, white glue, watercolour pencils, scissors, pom-poms, sparkle beads and decorative paper pads were used for the drawing. An information sheet, the consent form, demographic form, the interview guide, and the

debriefing form were used to conduct the interview. Feedback forms were used at the end of each of the TOL sessions.

## **Procedure**

Ethical approval was obtained from the respective universities' ethics committees. The fieldwork was carried out by the first author, who is a chartered psychologist, and by the third author, who is a registered psychotherapist with specific expertise in trauma treatment in refugee populations. The researchers followed the manualised version of the ToL (Vromans, Ranke, & Schweitzer, 2014). To strengthen the credibility of the study, the research team disseminated the information about the study to a non-profit organisation providing support to individuals living with HIV. The management of this organisation further informed their attendees about the project. Those who volunteered to participate were invited for an interview and TOL.

In order to enhance the transferability of the study, and to facilitate participants' comfort in taking part in the research (Gabriel, Kaczorowski, & Berry, 2017), the fieldwork was conducted in a room free of distraction at the organisation from which they had been recruited. However, it was made clear to participants through the information sheet that the study was not commissioned or linked in any manner to the HIV organisation.

Prior to starting the program, participants were given the information sheet and were asked to sign the consent form and the permission to use the visual material produced during the sessions for academic outputs. Participants were informed about the aims and objectives of the research, the confidentiality of the study, their rights to withdraw from the study and of not answering any questions that they did not feel comfortable with without any consequences.

The TOL consisted of seven consecutive weekly sessions of approximately two hours each (Jacob, 2017). During each session, participants were told they could freely access all the art material available to them. Participants worked at their own pace and they were not given any prompts or instructions on how to visually represent the various part of their tree. An overview of the content and the activities of the sessions is provided in Table 1.

[INSERT TABLE 1 ABOUT HERE]

Participants were asked to complete a feedback form at the end of the session. Detailed notes were taken by the researchers after each session. After the program, all participants were invited to take part in an individual interview. They were asked to comment on ToL in general and how it helped them in person. The interviews were approximately 60 minutes long, and were audio recorded with the participants' permission. In order to enhance the trustworthiness of the data collection and analysis, the QMCSD was built by combining multiple forms of data collection, such as participants' in-depth individual interviews, as well as their end-of the session individual feedback forms, the visual material they produced during the sessions and the researchers' observational notes.

## **Findings**

### **Zane**

Zane is a 30-year-old woman who has been living in the UK for approximately 17 years.

The first session of the ToL, which aims to reflect on the meaning of 'home and belongings', allowed Zane to reflect on her 'home', which she stated represented her native country. She had great memories of her neighbours, who were always kind and available to her. She said that in her community it is normal to drop by unexpectedly for a meal at peoples' houses, whereas in the UK, she felt that she had rather *no home* and that she barely knew the people

who lived in her block. Zane also talked about the food that she was missing ‘from home’; this helped building emotional contact in the group as all participants said they missed special meals from ‘home’.

[INSERT FIGURE 1 ABOUT HERE]

Zane’s tree is quite solid (Figure 1), with a large trunk and lively branches that fill almost the whole sheet. In contrast, the roots seem simply juxtaposed to the tree, and they are not strong enough to hold it. Drawing the roots helped Zane to visually represent her feelings about her past. In this regard she said: *My roots is very confusing. I don’t really understand when you come to roots, roots is kind of family right? I don’t really understand when it comes to family.* She then said to the group that she was raised by her maternal grandmother who she described as very strict and aloof. Furthermore, Zane embedded in her roots brief sentences related to early traumatic events, such as: ‘*School- happy time*’, ‘*Hard time work*’ for when, as a young girl she worked as a servant, and ‘*17-year-old, London, confused*’, when she first arrived in the UK. These sentences allowed Zane to discuss painful events related to her childhood and to acknowledge, with the support of the other participants, the strengths she gained from surviving these adversities.

The trunk of Zane’s tree was quite solid, with some glitter to provide texture and with some white patches, which according to her represented *big holes* in her life. She reported that holes represented her HIV and migration related experiences. She was very distressed when she found out about being HIV positive as it was *a disgrace, it's shame* in her country. Further, she shared her ordeal of immigration, as at the age of 17, she was held for several days at the migration detention centre because she was not able to prove that she was an unaccompanied minor. Zane’s struggle at the immigration detention centre was echoed by the other participants, who all considered this among the most traumatic experiences of their life.

Participants were able to receive emotional support from each other as they shared their experiences of being detained at the immigration centres.

The drawing of the branches, which are long and vigorous and have plenty of leaves, allowed Zane to visually represent her hopes, such as finding a partner and starting a family. Zane found it difficult to draw ‘her fruits’, which she pictured as scattered red circles. She explained that she never experienced *real love* from her family. However, the group helped Zane to reframe her past and her relationship with the grandmother. For instance, participants told Zane that her grandmother raised her *strong* simply because she did not have any other way to equip her for future adversities. In the subsequent session, Zane brought a bottle of perfume that reminded her of her grandmother and, while she was passing it to the other participants, she said that she loves perfumes, as they represent a connection with her grandmother.

Furthermore, the group helped Zane build resilience and to consider herself as *a warrior* as she proved that she could survive many traumatic events and that she was able to build strengths from them. *The forest* (i.e., when all participants put ‘their trees’ next to each other) was a particularly meaningful session for Zane and other participants, as it allowed them to name for the first time the HIV. Previously, they referred to it as “having a thing”. They openly discussed their struggles associated with having contracted the virus. As Zane indicated, sharing the experience of living with HIV helped participants build a strong sense of cohesiveness and a relationship with each other:

*If there was some, if some of them were not HIV, I don't think this session would be as open like this, because we don't know each other but we connect somehow.*

During the individual interview, Zane discussed how the drawing of the tree helped her as she could visually represent her strengths: *Yes, when I look at my tree it makes sense to me... Because I make this tree strong and you can see if you want to go on top.* Zane also

reflected on the therapeutic power of art making, as it allowed her to acknowledge and reflect on her traumatic experiences from a safe distance:

*At the beginning I didn't come out, I never thought I would come and open my mouth to talk about my life or something, but as we drew the tree, you have to explain and people said things...When I was doing my (tree) I was into the tree so much that I wasn't even thinking about anything. It's a nice feeling. To draw and talk...When you are drawing, as you're drawing you tell the reason why, I think people open up. For me, it was like a therapy, honestly. For me it was fun but as well it was good, people were opening up about their life.*

Furthermore, Zane indicated that the overall experience of taking part in the TOL had a positive effect on her: *I'm always happy when I come out of here. ... because I kind of open up here and I know it's going to be here, between us... Every day when I come out of here I have a lot of things in my face, my face is shining all over, like now.* Zane added that taking part on the ToL helped eased her sense of isolation. For instance, she said: *She (Uma) called me, I went to her house...Is it that as we get close I find something because of the tree of life.* The drawing of the tree helped Zane to build hope for the future and she said her tree will continue growing: *I think I'm going to keep this one (the tree). If, one day, I have a child I will show the child and say, "You see, I've done this at this time when I was very feeling down."* Moreover, Zane said that she will put 'her tree' on her bedroom wall to allow her to have a visual map of the strengths that she built through the ToL: *Yes, I'm going to put it in my room where every morning when I wake the first thing I see is that...I've been through a lot and I enjoyed these sessions, so it will remind me sometimes when I look at it I will be smiling.*

**Uma**

Uma is a 46-year-old woman who had been living in the UK for approximately 18 years. During the first session, Uma stated that to her *home and belongings* represented her country of origin. Before the war started in her country, she had a happy life and was very close to her big family particularly to her father, who died recently. Uma felt that she had rather *no home* in the city where she currently lived, and that she was quite distressed about her living situation, including sharing a house with other refugee women, who she said were unfriendly to her.

[INSERT FIGURE 2 ABOUT HERE]

Uma's tree (Figure 2) covers almost the entire sheet, it has long roots, a solid trunk and lively branches, with plenty of leaves and colourful fruits. However, the roots of her tree are not attached to the trunk. The drawing of the roots allowed Uma to reflect on the traumatic events that forced her to migrate with her two small children. In addition, Uma explained to the group that during her journey, she discovered that she contracted HIV; this made her very anxious as she did not know how it would affect her ability to care for her two small children in a new country and without any support from her family network. This was a particularly important session for Uma, as the group helped her to reflect and acknowledge her strengths, including being able to survive these adversities and to provide her two children with a new life in the UK.

The drawing of the trunk, which is quite strong and solid, allowed Uma to reflect on her role as mother and on the love for her two children: *...they (her children) are my love (laughter) they are my everything, you know, yes.* The branches of Uma's tree are lively, with plenty of pink and yellow fruits representing her large family: *The yellow one is the boys, because we are nine, from my mum part, we are nine, four boys and there four, erm, five boys, four girls and this one is my parents on the top one.* The drawing of the fruits provided

Uma with an opportunity to reflect on the fact that, despite the distance, she still had strong emotional contact with her family.

Furthermore, Uma took pride in drawing the fruits representing her two children. She recalled how, despite their young age, they helped her to recover from the physical violence she has been exposed during the war. Drawing the fruits also allowed Uma to reflect on how, despite her adversities, she was able to raise her two children on her own and that they had graduated from college and found good employment. Furthermore, the drawing of the fruits allowed Uma to reflect on the love that she received from her father. She brought his reading glasses and, while she passed them to the other women in the group, she reflected about the strong bond that she had with him.

When reflecting on the *forest*, Uma indicated that sharing the experience of living with HIV fostered a sense of empathy and cohesiveness in the group:

*...because to know that all of like my colleague (participants), the same situation to me, and that was very good, you know, the way you can listen that day when I was explaining my situation, the way I was like, and the way I become HIV positive and the that made X to be free to talk about her story because I said my story was similar.*

In addition, Uma indicated that taking part on the TOL helped her with *feeling happier*. In this regard, she commented that she received a text from her son: *I know last time, my son send me a message, he said, "Mum, I'm very happy to see that now, the way you looks mum, you look happy."*

The drawing of the tree helped Uma to process and symbolize her journey of healing and of building resilience: *You work, because you know, this one is (the TOL) make people to feel very strong be you know where you've been, where you are going...* She also commented on the encouragement and support she received from the group: *I feel more strong than*



*before than when I came. When I meet the group, when I meet the people, feel more very strong.*

Uma also reflected on the importance of being able to explore, recognise and share her feelings through the ToL: *You know, because you feel free and that was really good, feeling free to talk about your situation the people who understand you, because sometimes it's difficult.*

Furthermore, Uma indicated that sharing stories with women helped her to build new friendships:

*Yes, of course (laughter) we're keeping contact. ...Make you strong, yes, trust each other and make me strong, you know, because when I came to X I say I was knowing nobody, I know nobody....new friends like Asha was telling me, see, I want you one day to come my house, I say, "Why not?" yes, she says she's going to invite me, so I can go down to the house. Coffee and tea, and just chat, you know, it's good to have someone who trusts you, you know, who is a friend.*

Finally, Uma stated that she was proud of drawing her tree and that she wanted her children to know this:

*Yes, it's going to be in my room. So, I'll take picture and I will share to my son -- because I would like, and my daughter, just I would like to have them erm, (laughter). Yes, I'll send them pictures because I know my son and my daughter, I'm going to send to them, they will say, "Wow, mum, look at you," and I will show them the certificate.*

## **Asha**

Asha is a 54-year-old woman who had been living in the UK for approximately 10 years. Asha found it difficult to talk about her *home and belongings* as she said she never experienced the meaning of having a safe home, either in her native country or in the UK.

[INSERT FIGURE 3 ABOUT HERE]

Asha's tree covered the entire sheet (Figure 3); it had long, thin roots, a very sturdy trunk, and strong branches, with some scattered leaves and fruits. The process of drawing the roots allowed Asha to reflect on her painful past from a safe distance. In this regard she said: *I didn't attach them to the tree because they are not the root. The roots were very difficult, that's where I was so emotional because the roots were really, really difficult, I have never, never had motherly love or fatherly love, just to be a child, I never had that childhood love.*

Furthermore, the supportive setting allowed Asha to share traumatic events related to her early years:

*It helped a lot because sometimes when you bottle things in you it's not healthy but when I opened up I felt light and I shared some of the things that I've never shared with anybody. I was so like... when I got home I said, I really did that! Things I have never, never shared but with that group I shared.*

The group discussion about the trunk allowed Asha to explore, recognise and take pride in her strengths. For instance, Asha said that she was a great cook, that she cared for the people around her and that she was willing to learn to play an instrument.

The branches of Asha's tree are large, with a few scattered lines and some red butterflies representing the fruits. Drawing the branches allowed Asha to visually represent and to reflect on her relationship with her family, and in particular with her father:

*The branches are like the family, but you see my branches the way they are ... and they are not so close to each other because since he (her father) had three wives... I didn't know that was my dad. So when I knew that was my dad that's when I saw the beauty, the goodness of him.*

The drawing of the fruits was particularly challenging for Asha, as it reminded her of the painful experience of leaving her children behind when she was forced to escape from her

country; this resonated with other participants in a similar situation. This was one of the most meaningful sessions of the TOL, as talking about the fruits allowed participants to mourn the children and the family members left behind, and a lot of tears and warm embraces were shared during this session.

During the post-intervention interview, Asha reflected on the benefits of taking part in the TOL, including being able to give and to receive emotional support from women in her situation:

*I could open up quick but then I found that we are in the same boat so, yeah, so I couldn't wait like all the time coming every week...I learn so many things with other women that I didn't know because sometimes you think your case is the worst but when you meet other women you find that, oh, so it's not only me.*

Furthermore, Asha reflected on the group process and indicated how sharing the traumatic stories helped them ease their feelings: *Each time we got in the room there was so much light, even if we cried on the session because of sharing it's just emotional at the end of the day we went home happy. We took happiness.*

In addition, Asha reflected on how the overall experience of participating in the ToL helped participants to build a sense of belonging: *I think the group, we so much bonded like we are just sisters, we will keep contacts because we share contact numbers.* She added that the ToL helped her find *new sisters* who shared similar circumstances and empathised and supported each other: *When someone comes to my house who is like the ones that I met because I know we are all the same, we are HIV positive so we can cook and eat.*

Furthermore, Asha commented on how sharing her tree with the group supported her in reframing her past and acknowledging her strengths: *Yeah, yeah. And because of this*

*group now I've realised that I am more stronger ...sometimes when I sit down and look what happened in my life I'm like for sure I'm like this tree, I'm really strong.*

As for other participants, Asha took pride in how she was able to visually represent her strength through the tree. She wanted to frame her tree for her house, as she did not have any belongings due to her constant fear of being deported. Making the tree and sharing it with other participants instilled hope in Asha. She said that her tree would grow to map significant events in her life:

*No, my tree I'm taking it home and I am looking for a nice frame.*

*Yeah, a frame then I'll finish up with... I'll finish the fruits and each day of my life I'll still add on the branches, I will still add on the branches. ...I say, if they grant me indefinite that's another step forward, I'll add that one. I want to keep it like maybe my grandchildren will see it, that is why I'm keeping it.*

## **Lulu**

Lulu is a 43-year-old woman who has been living in the UK for approximately 17 years. She was anxious about joining the TOL sessions, as she was concerned that other participants would judge her drawing skills.

[INSERT FIGURE 4 ABOUT HERE]

However, Lulu found the first session quite welcoming. The discussion about 'home and belongings', including the food and the customs from her native country, helped her to connect with the other participants. Lulu's tree was quite big (Figure 4), it had a sturdy trunk, vigorous branches which held plenty of fruits and leaves. The roots of her tree were fragile, with words and brief sentences related to her childhood embedded on them, such as: *culture*, *grandparents*, *church* and *family*. When reflecting on the drawing of her roots, Lulu stated: *I*

*think I didn't do my roots justice. Yes, I could have done a bit better, but yes, at that time, I didn't have a clue.*

Being able to compare her roots with those of the other participants, helped Lulu to acknowledge she had a happy start in life: *I've always valued how I was brought up and where I come from, but now, it's even more. It's made me realise that this was a big thing, because some people didn't have that.* This session enabled Lulu to reflect on how her 'solid roots' helped her survive storms in life: *The roots I think, to me, will stay the same, no matter whether there is a storm, whether there is thunder, whether there is lightening. I think the roots will stay and remain the same, as original as they are.*

The trunk of Lulu's tree is strong and filled with large light brown strokes. The drawing of the tree helped Lulu to visually acknowledge her strength: *'Strong, hard on the outside, but with a lot of qualities hiding inside'*. She then added that she was: *fun, creative, with a love of colour.* The drawing of the branches and the fruits of Lulu's tree allowed her to reflect on the love that she was able to give and receive in life, including love from her boyfriend, whom she met in the UK. For this session, Lulu brought a present that she received from her boyfriend and, while she passed it around to the group, she discussed how lucky she was to have found someone who loved her and who did not have any prejudice towards HIV. Lulu said that her boyfriend knew about her HIV since their first date, and that he welcomed her into his life and his family. This instilled hope in other participants and opened a discussion about being able to find someone who could love and care for them and not be judgemental about their HIV.

However, during the post-intervention interview, Lulu indicated that she could not include in her tree the leaf representing her child, who she was forced to leave behind. She talked about her child again when she reflected on the 'storms in life': *Yet, when it comes to*

*fruits and leaves, I think it depends on how stormy the weather is, and, you know, things that you go through, I think that that's what shaped the whole other part of the tree.*

During the 'storm' session, Lulu indicated how having contracted the virus destroyed her body while she was waiting to receive treatment. She talked about the blisters on her skin, as well as how emaciated her body was and how she lived in constant fear of dying. She discussed how, through the ART (HIV therapy), she said she was able to survive *this storm* and to *get back the body*. She indicated that looking *heathy and beautiful* was a testament to the fact that having contracted the virus did not define her identity. This was echoed by the other women in the group, who discussed the importance of caring for their body and their appearance; they always wore beautiful outfits, including some African dresses and jewellery, and they all complimented each other on their appearance. Further, the 'storm session' also provided Lulu with an opportunity to reflect on the trauma of losing a family member during the civil war in her country. Therefore, the storm allowed Lulu as well as the other participants mourn family members they had lost and on the importance of *carrying them in their hearts*.

During the post-intervention interview, Lulu reflected on the benefits of taking part in the TOL. According to her it eased her sense of isolation and solitude:

*Yes, and I hate to be in that space (at home), whereby I'm not well, but, at the moment, I do feel much better because I'm doing things, and coming to the group really, really helped me because it was something to do. Get up in the morning and get ready and look forward to coming. It really, really, really boosted my spirits.*

Lulu also reflected on the value of participating in the ToL with women who had experienced similar challenges:

*Yes, because what I've realised with being HIV positive and being an immigrant, you're always at the other side of the desk. You know, you're always so glad to see that with us and you in the group, getting involved in the same way, same level. Yes, it was a good change.*

In particular, Lulu said that sharing and comparing stories with other participants helped her to reframe her personal events: *Yes, because, for example, if you listen to Kali, it makes you dig deeper in yourself, and think and re-evaluate things, and put things in proper boxes. I think I've come out a better person and a different person.*

Moreover, during the interview, Lulu reflected on the benefits of taking part in an arts-based intervention:

*Yes, I think with me, the technical (i.e. taking part in arts activities) was more than opening up about my past or my life. I think I'm most comfortable talking about myself when I feel safe, yes. Yes, like I said, to me, it ended up bringing out the big child which is in me... You're just putting something on paper that just comes out of your mind and your past. I could see the other ladies just reaching out for glitters, and they were really ... you know.*

Furthermore, Lulu indicated that being able to reflect on her traumatic events through different expressive modalities, rather than discussing them overtly, helped the group in building a 'safe distance' from their upsetting past and to filter what she wished to disclose to the other participants: *It was about us, and the group thing, you're not forced to say anything, to me, which is a very, very important thing. Having a choice of wanting to be involved or not, or whether to answer or whether to draw the leaves. To me, I felt in control, yes.* Finally, Lulu indicated that her tree would 'keep growing' after the TOL and that she was hoping to add elements on it, including the 'missing fruits' related to loss of her relatives.

## Kali

Kali is a 55-year-old woman who had been living in the UK for approximately 11 years. At the commencement of the TOL, she was vulnerable, as she was facing eviction from her temporary accommodation. She had packed all her belongings in a suitcase, but did not have a place to store them. Kali cried during the first session, and she received compassion and support from the group.

[INSERT FIGURE 5 ABOUT HERE]

Kali's tree was large (Figure 5) with a strong trunk, long branches and with a few sparse leaves and fruits. Instead of drawing the roots of the tree she filled the space with long dark pencil strokes, which she indicated represented the soil. According to her, she could not draw the roots because she believed herself to be 'familyless'. She elaborated that she was raised by her grandmother, who was not caring or affectionate: *Yes, so we, I am familyless, yes, it is my grandmother who brought me up...But my grandmother is my mother, is my father, is my everything.*

Kali did not attend the session related to 'the trunk' and therefore she made it during the following session, while the other participants were taking part in other activities. She enjoyed exploring new art material on her own. Instead of the art work, she applied glitter and paint on her hands and on her arms and was absorbed by this activity and had a big smile on her face. Kali's tree did not have many fruits as she said that she did not understand the meaning of giving and receiving love : *For the fruits, oh, I just draw fruits, fruits there, but I don't put any symbol like this fruit's me and this is for me, I just draw fruits.* However, the group helped Kali to recognise and acknowledge that she had two children who still loved her, which made Kali smile. Subsequently, she commented that she also had grandchildren in Africa, who she loved dearly despite never having met them.



During the interview, Kali indicated that the connection with other participants helped her to feel like a human being: *The group itself is I achieve self-esteem, I don't know how to call it, like, I have seen that I am a human being, I can be mix with people, and then it made me proud that I have the privilege to meet people like that, yes.* Kali also indicated the being able to make her tree strengthened her self-esteem: *I don't know about the others because I can't imagine myself drawing a tree, but I managed to do so, yes (laughter). Yes (laughter), I managed to do something, and then.* Kali then added that the combination of art drawing and sharing stories with her group helped her express and process her past traumatic experiences.

*When we are coming out week by week, I am getting there, I am understanding what the tree mean, so I know that the root is my foundation, I know the tree is the body is my family, and then going up to the branches, to the leaves, so I understood, it is good for me, I don't know of others... because by drawing it, you understand that this is your foundation.*

Furthermore, Kali reflected on the sense of cohesiveness and belonging that she had built with the other participants through the ToL:

*I love it (the group), because I have been there, isolate myself, like, I don't have anybody, it's only God I'm looking forward to, but now, I have seen the human beings. ... I can go there, so my social life, it has improved my social life, I'm not social at all, and now I have.* Sharing stories also strengthened Kali's resilience:

*Yes, yes, make us like it was like you said, warrior.... It has made us strong.*

*I (laughter) I became myself when I am, we arrive. I swear it. So, it's like while all these things are happening, why you come out, you*

*come out, and so it make us strong...I can do whatever human being  
can do, yes.*

## **Discussion**

The present study adopted a qualitative multiple case study design to investigate the effectiveness of TOL, when used with five women from refugee backgrounds living with HIV. The findings indicated that this narrative based intervention supported the specific needs of this population, which were a result of an interaction between being a forced migrant and coping with physical and psychological sequelae of having contracted the virus (Vitale & Ryde, 2018). All participants were highly motivated to learn new ways to manage their issues and to overcome isolation. TOL empowered them to examine their painful past from a safe distance. They recognised their present qualities and strengths and linked them with their significant others. The TOL instilled hope and optimism in the whole group and the participants reported feeling connected with each other. They reported a surge in self-esteem, and they were able to overcome a stagnant phase of their life with clearer goals for future. Therefore, the TOL emerged as a safe and culturally appropriate intervention that can be used with individuals who have experienced severe loss, grief and trauma.

## **Psychosocial Challenges**

The participants' experiences were consistent with previous findings (Afari et al., 2014). They reported isolation and discrimination due to their HIV status (Charney & Keane, 2013; Hossain et al., 2014) and with being forced migrants.

Despite being in the UK for many years, they felt unsettled and were caught up in visa and other post migration stressors (Logie, Jenkinson, Earnshaw, Tharao, & Loutfy, 2016). They were traumatised by earlier disadvantaged lives and pre-migratory stressors. They faced

abuse and violence (Freedman, 2016). Contracting HIV was a painful experience for them which added further stressors to the challenges of being forced migrants (Shishehgar et al., 2017). The exit from their own country of origin was quite traumatic (Afari et al., 2014; Song et al., 2015) and some of them had to leave their children behind, which was an extremely painful ordeal for them (Smith, 2015). They were still mourning important people in their life (Nickerson et al., 2014).

### **Motivation to Attend TOL and its Benefits**

All participants were motivated to participate in TOL. This demonstrated their interest in personal growth and development. They were all looking for companionship and support to overcome isolation as a result of prejudicial treatment by others (Kira et al., 2012). They hoped to learn ways to overcome their painful and self-defeating thought processes. Considering that none of the participants had attended psychotherapy (at least within 12 months of the intervention), they did not find the TOL foreign or culturally inappropriate. All participants reported the program to be beneficial. In line with past findings, it allowed them to develop friendships and a sense of belonging (Mallinckrodt, 1989). Listening to other women living with HIV experiences helped them to reflect on the fact that they were not alone in their situation (Hughes, 2014). A reflection of their past therefore helped them reframe their stories. They started to see themselves as strong and, as a result, their self-esteem and confidence improved (German, 2013). Past hardships were seen by participants as a way of developing resilience for their current challenges. They were able to see the merits of significant others in their lives. The TOL enabled the women to develop future goals and aspirations (Carmichael & Denborough, 2015). This was reflected by the fact that, during the post-intervention interviews, participants indicated that ‘their trees’ will keep growing and

that they will continue adding details to map important future life events. The benefits reported by the participants were consistent with earlier studies on TOL (Hughes, 2014).

### **Narrative and Creative Approach in Group Setting**

Similar to other studies, the current findings support the view that the applications and outcomes of using narrative and creative therapy techniques are promising (Denborough, 2014; Jacobs, 2017). The respectful approach created a safe space (van Westrhenen, Fritz, Oosthuizen, Lemont, Vermeer & Kleber, 2017) for the participants to open up and share their experiences. The combination of creating through artistic means and having a safe space to share their experience (Gantt & Tinnin, 2009) helped participants to self-soothe (Naff, 2014) and supported their post-traumatic growth, including through developing new meanings and hopes about their life (Kruger & Swanepoel, 2017).

All except one participant had tremendous difficulty with roots. They reported their earlier phase of life as painful and very disadvantaged. It is interesting to note that consistent with narrative principles, the roots were disconnected from the rest of the trees; this might suggest participants' tendencies to cope with past traumatic events by almost detaching them from their current life (Denborough, 2014). It is interesting to note that the trunks were the strongest and the most solid and decorated part of the trees. This shows the women's resilience and qualities (Khawaja et al., 2008). Though their present was plagued by the HIV status as well as with the risk factors associated with being a former refugee (Vitale & Ryde, 2018), yet they were able to cope. The drawing and discussion of branches allowed participants to reflect on their aspirations and dreams. The leaves, flowers and fruits made them grieve their lost family members and children, but they also experienced comfort in remembering those who were still in their lives. Consistent with past studies (Hughes, 2014; Jacobs, 2017), the discussion of the storms helped them address their traumas, specifically,

for these case studies, the pain associated with HIV, including how it affected initially their bodies. Finally, the rejuvenation of the forest, after the storm, empowered them to go on with their lives. All case studies reported that the HIV did not define their identity, and that they were moving on with projects in their lives and getting ready for future challenges (Janoff-Bulman, 2004). Participants' comments about preserving their drawings and using them to decorate their houses indicate that the tree reflected something meaningful in their lives. The fact that they wanted to add details on their tree to indicate important milestones in their life suggests that the ToL instilled hope in them (Lock, 2016) and empowered them to build more positive self-narratives. The group processes were very effective in the present TOL intervention. The women supported each other verbally and non-verbally. They offered support to those who shared painful experiences. They learned from each other. Finally, they developed a strong bond and a support network. In line with previous findings, the data collected by the researchers as well as the participants' comments indicated that the group was cohesive (Kira et al., 2012)). A sense of cohesiveness and the fact that participants shared similar background and experiences, including living with HIV, might explain why the trees look similar.

## **Implications**

Considering the dearth of effective interventions that can be used with traumatised refugees (Chen et al., 2015; Droždek, 2015; Wyk & Schweitzer, 2014) and in particular for those who struggle with the intersection of living with HIV (Vitale & Ryde, 2018), the present findings add to the body of knowledge. It highlights the clinical utility of TOL with vulnerable populations (Hijazi et al., 2014; Kira et al., 2012). Consistent with the recent research focusing on TOL (Hughes, 2014; Jacobs, 2017; Schweitzer et al., 2014), the outcome supports use of a narrative and a creative approach in group settings as an effective

strategy with traumatised women from refugee background living with HIV. It supports the notion that flexible and creative therapies, which are more culturally appropriate, can be helpful (Naff, 2014; Van der Kolk, 2015). Further, the idea of offering services in community settings is also endorsed (Ibrahim & Tchanturia, 2018).

### **Limitations and Future Directions**

Though the present study is the first attempt to offer TOL to HIV positive women from refugee backgrounds, it is not free from limitations. The findings are based on only five women.

There is a need to investigate the effectiveness of TOL with larger samples. Additionally, the intervention needs to be implemented with a range of at-risk refugee populations. Further, the mechanism of change is presently unclear. The researchers were psychologists and psychotherapists, and addition of art therapists in future teams would help decipher the meaning of the artwork better. Further analyses of the therapeutic process will identify the factors that produce change in the participants.

### *Conclusion*

The world is currently seeing a massive number of displaced individuals from refugee backgrounds, who are experiencing severe loss and trauma and who struggle with additional risk factors associated with their condition, including contracting HIV. Mental health professionals need to develop innovative strategies that are flexible, safe and culturally appropriate in order to alleviate the sufferings of these vulnerable people. The TOL is a promising approach that can be used with traumatised people from refugee backgrounds and who also struggle with the risk factors associated with living with HIV. Nevertheless, this new intervention would benefit from ongoing investigation.

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