Peace for Refugee Women in Shatila through Drama Therapy

A Reflection from Refugees in Towns
Shatila, Beirut, Lebanon

Sara Sakhi & Lyn Hariri

Refugees in Towns is a project of the Feinstein International Center. More information on the project, including more case study reports, is available at **https://www.refugeesintowns.org/**

The Feinstein International Center is a research and teaching center based at the Friedman School of Nutrition Science and Policy at Tufts University. Our mission is to promote the use of evidence and learning in operational and policy responses to protect and strengthen the lives, livelihoods, and dignity of people affected by or at risk of humanitarian crises.

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About the Authors

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Introduction

Lebanon is a small country that hosts over one million refugees. It is rife with pre-existing economic, social, and political challenges that make life especially difficult for refugees, including a crumbling economy and a high unemployment rate. One of the many places where refugees have resettled and call home is Shatila refugee camp, in southern Beirut. Shatila is a concrete jungle that extends as far as the eye can see from the highest eight-story building within it. Life in this neighborhood is defined by difficulties and intergroup tensions. Shatila was established by UNRWA in 1948 as a refugee camp for the newly arrived Palestinian refugees in Lebanon (UNRWA, 2020), after the 1947-1949 Arab-Israeli war. What was supposed to be a temporary home for displaced Palestinians was a war zone during the Lebanese civil war, during which the infamous Sabra and Shatila Massacre occurred,[1] and after 2011, saw the arrival of thousands of Syrian refugees displaced by the war in Syria (Hauswedell 2017).

Since 2018, the women-owned and operated Intisar Foundation has worked inside Shatila implementing Drama Therapy programs, which offer a comprehensive psychological intervention based around the use of theater as a device for emotional and psychological wellbeing. We, the authors, are two young humanitarian practitioners who joined Intisar Foundation as staff in 2018. We have seen both the stress of life inside Shatila and experienced the personal transformation of Drama Therapy. We found that Drama Therapy for refugee women also had a deep impact on our own personal and professional lives. We learned the importance of empathy and the two-way street of vulnerability when working with trauma-affected women. This helped us to realize our own traumas and we reflect on our roles as practitioners in Shatila.

This report focuses on how the Intisar Foundation's Drama Therapy program promotes psychological wellbeing for woman refugees in Shatila, and suggests that Drama Therapy has the capacity to unlock resilience and healing—not only for refugee women, but for the locals and practitioners who work with them and share their common sisterhood in a country that so often silences women's voices.

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[1] The Sabra and Shatila Massacre is a massacre that took place in Shatila and Sabra (a neighboring area) in September 1982 where an Israeli proxy militia killed and mutilated over 3,000 Palestinians over two days (Ahmad, 2019).

[2] According to estimates of Syrian refugee population (UNHCR, 2020) and Palestinian refugee population (Lebanese Palestinian Dialogue Committee, 2018) in Beirut.

This report first describes the barriers to integration in Lebanon and the mental health needs of refugees in Shatila. It reviews efforts to help the women of Shatila embark on an emotional journey towards inner peace, and the benefits that both the authors and the women we serve have gained from Drama Therapy programming in Shatila.

A Note on Terminology

In Lebanon, the general public is more likely to refer to refugees by their nationality (Palestinians, Syrians, Iraqis etc.) than by using the term “refugee.” We consider this to be a hostile use of language that strips refugees of their status as victims of war and borders on discriminatory sentiment. However, we do make the distinction between Syrian and Palestinian refugees, as these two populations living in Shatila have different histories and experiences living in this part of Beirut.

City and Country Context

While Shatila officially started off as a refugee camp set up by UNRWA, it has since become more of a neighborhood in Beirut. Palestinians, Syrian refugees, other low income populations, and Lebanese citizens live within it. Sporadic violence and gang activities are common as the Lebanese authorities do not exercise their jurisdiction within the neighborhood. This less than one square kilometer plot of land is home to an estimated 40,000 residents (Mackenzie, 2016)—and approximately 17% of the total population of refugees in Lebanon.

Despite the many nongovernmental organizations (NGOs) working in Shatila, there remains a need for aid in all its forms. Most crucially, life within Shatila is taxing on the human psyche. NGOs mainly focus on education, food and health, but the mental health of the residents is often neglected— especially for women.

Shatila’s atmosphere leaves no space for psychological recovery—instead, camp residents are often surviving day to day. Consequently, there are many psychological and mental health issues among the residents of Shatila. Barriers to integration in Lebanon for refugees remain high and the ability to return home seems impossible. Thus, making the best of the current situation remains the only option for refugee integration.

“I would go many days without eating to ensure my children are fed,” said Souad, a 36-year-old Syrian refugee in Shatila. Life in Shatila forces many women like Souad, who often carry the primary responsibility of caring for their families, to neglect their own wellbeing in favor of others.

The Authors' Positions in Shatila:

We are employees at the Intisar Foundation. We live in Beirut and frequently visit and work in the Shatila neighborhood. We decided to write about the role of the psychological well-being of refugees, as we have worked in the mental health field. As researchers and practitioners, our personal and professional experiences could not have prepared us for work inside Shatila. Living in Beirut comes with some challenges for the middle class, of which we are a part. However, life inside Shatila is a completely different way of life, which we learned to understand over time through our work with these resilient women.

I, Sara Sakhi, am a researcher and coordinator who has worked in Shatila since 2018. I identify as a biracial "third culture" person (someone who grew up outside either of their parents' countries of origin) and have lived in several Arab countries, moving to Lebanon in 2017. As the daughter of an Afghan father and a Lebanese mother, I have faced discrimination and lived as an immigrant my entire life. Now in Lebanon, my mother's home country, I still face systemic and social forms of discrimination, ever-present in my daily life. As a researcher in the field of mental health support, I have conducted interviews with dozens of women on the impact of Drama Therapy attended hundreds of hours of Drama Therapy sessions.

I, Lyn Hariri, am a young Lebanese woman living in Beirut. Since 2016, I have worked in journalism and communications, which has enabled me to build relationships with sources and connections including local officials, Lebanese government ministries, United Nations representatives, and NGO workers. At the Intisar Foundation, I help voice refugee women's stories on social media and in online publications. I have worked less directly with refugee women, but nonetheless finds ways to make their stories shine and lift their voices up. These experiences have transformed me and exposed me to a world of extreme need and poverty, of which I was less aware before. It gave me perspective about how to lend a helping hand, and which communities are in the most need, particularly Syrian and Palestinian refugees. I joined Intisar Foundation with an interest in how Drama Therapy can empower women by relieving the burdens of war through the transformative and transporting power of drama sketches and role-play.

A Note on Methods

This report is based on the reflexive accounts of the two authors in addition to retrospective reports, individual and group interviews, and session reports gathered between 2018 and 2020 over the course of five Drama Therapy programs held with three different groups of women in Shatila.

Barriers to Integration in Shatila: The Role of Mental Health

Refugees in Lebanon face high barriers to integration. Lack of access to basic services like health care, education, and social welfare programs contribute to this issue. This is especially a problem for women, who face additional barriers of misogyny, sexual harassment, discrimination, intimate partner violence, abuse, and exploitation. Many women in Shatila live with ongoing trauma, violence, and poor mental health.

Many Shatila residents lack social support in part because they are traumatized from their pasts and therefore less likely to socialize amongst themselves or with others in their neighborhood. Violence inside and outside the house further alienates people in Shatila. There are high levels of hopelessness, frustration, and self-neglect (Syam et al. 2019). Up to 50% of Shatila residents suffer from some form of serious mental illness (Segal et al. 2018). Women tend to have higher rates and worse symptoms than men.

Almost all the women we encounter in Shatila through our work suffer from high rates of PTSD, depression, and anxiety. They are often socially withdrawn from their surroundings and are less like to take initiative in terms of economic empowerment or taking a leading a role in their family and society. Few women receive treatment. The negative image of mental illness in Lebanon and across the Arab world continues to prevent many refugees from seeking help and accessing services.

Mental health resources such as therapy are scarce and expensive, and refugees face stigmatization for seeking therapy, even when it is most needed. Families often disapprove of any psychological treatment. According to the International Medical Corps (2017) in Middle Eastern societies women are often considered more “emotional” and are labeled as “crazy” – another reason refugees do not seek help.. The privatized health care system and low number of mental health professionals also make seeking treatment an expensive and taboo effort (El Chammay, Kheir, & Alaouie 2013).

The lack of mental health and psychosocial support (MHPSS) services in Lebanon and especially in refugee-dense areas like Shatila—where other forms of aid are prioritized—compounds these challenges. As very few formal integration options exist for refugees in Shatila, it is often up to each individual to find their own way towards integration. When provided with gender- and culturally- sensitive mental health care, however, we saw that the women we work with become more likely to take positive steps towards integration. In our experience, providing empowerment activities and psychological support to refugees has contributed to higher rates of socioeconomic integration for women in Shatila.

Creating Communities of Shared Healing Through Drama Therapy

When women first come to a Drama Therapy program at the Intisar Foundation, they are usually experiencing mental health symptoms such as fear, hopelessness, fatigue, anger, sadness, and cynicism. They also exhibit negative behavioral patterns like emotional resistance or excessive emotionality, distrust, self-neglect, and a general aversion to any mentions of mental health. Of the dozens of women we have worked with in Shatila, we observed several success stories of integration following participation in Drama Therapy programming. One participant, Fatima K, found the courage to leave her work in an NGO and start her own business. After attending over 20 Drama Therapy sessions, Fatima K realized her job did not provide the independence or space to grow in the directions that she wanted or needed to. Emboldened, she started an embroidery workshop that grew from three to 35 employees within 14 months. She credits her success to the betterment of her mental health, as she believes the unresolved trauma of war had incapacitated her. Other women we have worked with started volunteering in local initiatives, resumed their education, or started new jobs. These transitions we saw often took place when a shift in their self-perception occurred after Drama Therapy.

One of the more interesting aspects we see in our work is the reduction of intergroup sensitivities and the openness towards others. Because the Drama Therapy programs are open to any woman who would like to join, our groups often include Syrian and Palestinian women, and Lebanese residents of Shatila also occasionally join. Within Shatila, tensions between the groups are palatable. We have seen that Drama Therapy allows for shared experiences and vulnerabilities that help dissolve these tensions and conflicts, especially between refugees and the Lebanese host community. The use of narrative, movement, and emotional expression in a theater setting, makes Drama Therapy an approach to mental health without the stigma often associated with it.

Drama Therapy offers a comprehensive approach and creates a sense of safety in the group setting, as we see friendships forming and intergroup barriers dissolving. Standing on a stage while being seen and heard by the rest of the group allows for a sense of validation which many of the women of Shatila have not had the chance to experience before. This process empowers and enables the women we work with to find their own way towards integration where very few opportunities are provided to do so.

Impact on Practitioners: Growing Through Pain

Upon entering Shatila, it is very difficult to leave your preconceived expectations outside. As researchers, the stories we hear during every visit force us to retreat into ourselves, a form of emotional detachment. While this reaction is expected in many

mental health care settings, working with refugees is an even more arduous task as it exposes practitioners to vicarious war trauma, human rights violations, and ongoing injustice. This can leave a lasting impact on practitioners' mental health. We think to ourselves: "This could have been me if I was born a few miles away, or to a different family." Then, we immediately disregard the thought, to avoid discomfort and to continue being present in our work.

At some point we are forced to face the reality of the inequity that lives in Shatila, and we are confronted by our own roles as women and the barriers society has built between us and our beneficiaries through class, access to opportunities, and nationality. Acceptance, one of the largest hurdles towards emotional freedom, comes into play. Being withdrawn does more damage than good— it reduces our humanity towards ourselves and the women we work with. Self-awareness also comes into play, and we must actively shift towards compassionate empathy, wherein we can help those who need us without harming ourselves.

In the field, we learned that compassion has no borders. We work to make sure that women are not blamed for their situation, and understand that their suffering is not their fault. As practitioners, we try to empathize with the women to be able to recognize ourselves in a similar position. Hearing them and acting out the pain through the reflective work of Drama Therapy helped us tap into that empathy and be more open about our shared challenges and personal stories as women in the Arab world. We found that when we treated the women as friends, with respect and dignity, our work becomes so much easier for us and more impactful for them.

We realized through our work that refugee and host women in Lebanon face many similar social issues, including misogyny and lack of access to opportunities. Working directly with women in Shatila opened our eyes and theirs to our many similarities and allowed us to bond through our shared gender-specific traumas.

Walking the Road Towards Healing, Together

Vulnerability is a two-way street between us and the women we work with. After hundreds of hours in the field, we came to realize that wearing our hearts on our sleeves is the best approach to working with disenfranchised populations, especially women. As we are women ourselves, we have been exposed to many similar forms of emotional oppression, and we mirror our beneficiaries' own coping mechanisms. Moreover, engaging with the women through our work in mental health brought to light personal stories, which increased the emotional involvement of belonging and connecting. Through our work, we have conducted many hours of individual interviews with women before and after their participation in the Drama Therapy programs, both as

a part of research and as part of Intisar's communication efforts. This has provided us with an intimate understanding of their struggles—but we also saw ourselves in many of their stories. Whether it was being belittled as a woman in Lebanon, the expectation of sacrifice over self-love, or the little room given to us to express ourselves in times of grief or hardship, we learned that feelings of estrangement and trauma are not limited to those who experienced war and displacement.

To achieve emotional freedom for us and for those we work with, we must first realize and embrace our own vulnerabilities. This allows us to become more aware, empathetic mental health practitioners, without essentializing our beneficiaries' stories.

In the modern workplace, a stoic and unsentimental approach is often considered "professional." We challenge this sentiment and instead advocate for a more open and humane approach to working, not only as employees, but as a work environment. Burnout, vicarious trauma, and compassion fatigue are common amongst humanitarian workers. We must each work to individually address these challenges, whether through Drama Therapy, community support, or other mental health interventions such as talk therapy. These efforts must be gender-sensitive for humanitarian workers as well. Those who help others must be able to stand on their own two feet. By becoming more honest and accepting of our traumas, we were able to understand theirs better.

Conclusions

This reflection highlights the important role that compassion plays for practitioners in humanitarian action and how easily compassion can be affected through the interactions that humanitarian workers have in the field. In general, working in the humanitarian sector is challenging, especially during field visits. It does not only require preparation and the right motivation, but also the proper handle on our own emotions. In Arab countries, where policymakers often neglect the human faces of war, the war can go on forever inside those who escaped it— and those who work directly with them—if their mental health is left unattended.

MHPSS is a growing and evolving field in international humanitarian response. It is particularly growing in importance and recognition amongst those who work with refugees. In Lebanon, where refugees such as those in Shatila face protracted displacement, we propose that mental wellbeing is a key step towards fostering integration—not only for refugees themselves, but for the practitioners who work with them and facilitate their integration. The Intisar Foundation's use of Drama Therapy has built a safe, gender-sensitive space for self-expression for refugee women and practitioners, when words fail to convey the non-verbal memories living in the deepest parts of us. In Shatila, where mental health is stigmatized and misunderstood, Drama

Therapy allowed us to reach and help women who would have otherwise ignored their psychological issues. The impacts of this work cannot be understated. As one Drama Therapy participant, Tamia, noted: “If I am at peace, my children are at peace. And if my children are at peace, my country is in peace.”

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About the RIT Project

The Refugees in Towns (RIT) project promotes understanding of the migrant/refugee experience in urban settings. Our goal is to understand and promote refugee integration by drawing on the knowledge and perspective of refugees and locals to develop a deeper understanding of the towns in which they live. The project was conceived and is led by Karen Jacobsen. It is based at the Feinstein International Center at Tufts University and funded by the Henry J. Leir Foundation.

Our goals are twofold

Our first long-term goal is to build a theory of integration from the ground up by compiling a global database of case studies and reports to help us analyze and understand the process of immigrant/refugee integration. These cases provide a range of local insights about the many different factors that enable or obstruct integration, and the ways in which migrants and hosts co-exist, adapt, and struggle in urban spaces. We draw our cases from towns in resettlement countries, transit countries, and countries of first asylum around the world.

Our second more immediate goal is to support community leaders, aid organizations, and local governments in shaping policy, practice, and interventions. We engage policymakers and community leaders through town visits, workshops, conferences, and participatory research that identifies needs in their communities, encourages dialogue on integration, and shares good practices and lessons learned.

For more on RIT

On our website, there are many more case studies and reports from other towns and urban neighborhoods around the world, and we regularly release more reports as our project develops.