The Healing Environment: A Paradigm for Flourishing

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God gave his people this command through Moses as they were entering their "homeland":

> *He ensures that orphans and widows receive justice. He shows love to the foreigners living among you and gives them food and clothing. So you, too, must show love to foreigners, for you yourselves were once foreigners in the land of Egypt. (Deuteronomy 10:18-19)* [2]

The love to which God refers is not just any kind of love, but the kind that entails covenantal commitment between nations.[3] But what does it look like for Christians in host communities to show this kind of faithful love to the "foreigners" living among them? And when those "foreigners" include refugees who have experienced trauma, how does that trauma affect the way these host communities should show that love?

This paper will attempt to map out a potential answer to these questions. First, it will define trauma in a refugee context, then outline three core principles of creating healing communities, and finally propose how these communities could be facilitated.

Definitions of trauma

Trauma definitions are varied. Although the Diagnostic and Statistical Manual[4] (DSM-5 2013, 271) has included "actual or threatened death, serious injury, or sexual violence" in its definition, some mental health professionals broaden that definition. Therefore, this paper also broadens that definition to include any highly stressful experience that causes negative consequences mentally, emotionally, physically, or spiritually. This definition allows for the inclusion of the "small t" events, such as childhood humiliations and disappointments, that can also leave lasting negative effects on emotions, cognition, and physical well-being.[5]

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[2] Tyndale House Publishers. (2015). *Holy Bible: New Living Translation* (Dt 10:18–19). Carol Stream, IL: Tyndale House Publishers.

[3] Mark R. and Luke Glanville, *Refuge Reimagined: Biblical Kinship in Global Politics* (Downer's Grove, IL: InterVarsity Press, 2021), 42.

[4] *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (Arlington, VA: American Psychiatric Association, 2013), 271.

[5] Francine Shapiro, *Eye Movement Desensitization and Reprocessing (EMDR) Therapy, Third Edition* (New York: The Guilford Press, 2018), 4.

Effects of trauma on the brain

In order to offer an effective structure for healing community, we need to understand how the brain works when confronted with emotional trauma. In "normal" life, senses enter our brain through the limbic system, but are then immediately conveyed to our frontal lobes (our "rational brain") where our brain makes sense of them and tells us how to react. Although the journey from the limbic system to the frontal lobes takes only a few milliseconds, it is enough of a gap to cause problems when our brain is overloaded with incoming senses — as happens when we experience trauma. When this happens, our frontal lobes effectively shut down and we can no longer process or respond to incoming information appropriately. We continue to react inappropriately to incoming information during prolonged trauma or continued "trauma triggers" that cause us to remember the past trauma. Eventually, unhealthy neural pathways are established.[6] Until new healthy neural pathways are formed, people who have experienced trauma find it more difficult to regulate their behavior and responses. They may experience mental, physical, emotional and spiritual challenges.

Refugees and trauma

Studies on mental health and trauma among refugees vary widely in quality and methodology, including cultural bias and the definitions of key issues such as depression and PTSD. However, most research agrees that refugees have an increased vulnerability to PTSD, depression, and anxiety due to three factors: the traumatic situations in their home countries before their migration became necessary, the migration event itself, and the migration process and resettlement into a new country.[7] Cross-cultural stress, separation from family members, and on-going immigration bureaucracy only exacerbate PTSD or depression in resettled refugees. Some studies suggest that a general estimate of PTSD among refugees (averaged across different cultures and situations) could reach as high as 31%, and depression rates could reach as high as 31.5%. In contrast, data from the World Mental Health Surveys estimates a lifetime prevalence of 3.9% PTSD and 12% depressive disorders among the general population.[8] Thus, trauma significantly and negatively affects the ability of refugees to resettle well into their host/receiving countries. In addition, because trauma affects us spiritually as well, trauma can create a barrier to Christians growing spiritually and to not-yet-Christians hearing and fully understanding Christ's redemptive love for them. For all these reasons, trauma must be addressed among our refugee friends.

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[6] Bessel Van Der Kolk, *The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma.* (Great Britain: Penguin Books, 2015), 56-60.

[7] Sameena Hameed, Asad Sadiq, Amad U. Din, "The Increased Vulnerability of Refugee Population to Mental Health Disorders," *The Kansas Journal of Medicine,* 11 no. 1 (February 28, 2018), 20–23. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5834240/ (accessed January 3, 2022).

[8] Rebecca Blackmore, Jacqueline A. Boyle, Mina Fazel, Sanjeeva Ranasinha, Kylie M. Gray, Grace Fitzgerald, Marie Misso, Melanie Gibson-Helm, (2020) "The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis," *PLoS Med* 17 no. 9 e1003337 (September 21, 2020). https://doi.org/10.1371/journal.pmed.1003337 (accessed January 4, 2022).

> Providing appropriate, early, and ongoing mental health care to refugees and asylum seekers benefits not only the individual but the host nation, as it improves the chances of successful reintegration, which has long-term benefits for the social and economic capital of that country, which will likely impact not only the displaced generation but the second generation as well.[9]

The good news is that some psychologists working among refugees agree that the majority of refugee children and their families will "manifest resilience and not need specialized psychiatric services".[10] However, in some cases, especially in those of complex trauma,[11] mental health professionals need to be involved in the trauma healing process. Although Christians who are not mental health professionals cannot replace professional care, we can offer a structure for an on-going, peer-led healing community that may help the majority of refugees who have experienced trauma. In the last stages of recovery from trauma, people benefit from on-going interpersonal groups to help them re-integrate into the broader world.[12]

Unhealthy neural pathways take time to heal. This requires patience and compassion. The idea of walking alongside people healing from trauma may seem overwhelming. It may seem more fruitful to show hospitality by providing medical care, language learning, housing, furnishings, and employment. These actions have measurable outcomes. Healing from trauma is a lifelong journey, with many detours and discouragements. But without addressing the foundational issue of trauma in our refugee friends' lives, nothing else we do will be completely effective.

Jesus and trauma

Jesus, as creator God, understands how trauma affects humans physically, emotionally, and spiritually. He shows compassion for those for whom their personal difficulties (blindness, social status, religious impurity, paralysis, vocation) make them social pariahs and outcasts. The Gospel of Luke shows a Jesus whose divine salvation has come for those on the margins of society.[13] Luke repeatedly shows Jesus touching the impure (Luke 5:12-14, 7:14, 8:44-45, 54), eating meals with social outcasts (Luke 5:29-30, 15:1-2, 19:6-7), and healing and forgiving the sick (Luke 7:36-50, 8:1-2, 26-39, 40-48, Luke 13:10-17). Jesus' healing restored shamed or hated people to God and to their communities. These restored people often went on to find their

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[9] Schick M, Morina N, Mistridis P, Schnyder U, Bryant RA, Nickerson A. Changes in post-migration living difficulties predict treatment outcome in traumatized refugees. *Front. Psychiatry* v9 (2018), 476. https://www.frontiersin.org/articles/10.3389/fpsyt.2018.00476/full (accessed January 2, 2022)

[10] Melissa J. Brymer, et al. "Acute Interventions for Refugee Children and Families," 2008 *Child Adoloescent Psychiatric Clinic North America* 107 (2008), 627.

[11] The traumatic stress field has adopted the term "complex trauma" to describe the experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g. sexual or physical abuse, war, community violence) and early-life onset.

[12] Judith Herman, *Trauma and Recovery,* (New York: Basic Books, 2015), 234-235.

[13] Joel B Green, "The Gospel of Luke," *The New International Commentary on the New Testament* (Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1997), 21.

purpose in service to Jesus and to their communities (Zaccheaus in Luke 19:1-9, the demon possessed man in Luke 8:39, the paralyzed man in Luke 5:25). *Community, faith*, and *purpose* are recurring themes throughout the gospels as Jesus interacts with marginalized people. These themes can help structure a compassionate reception of traumatized refugees.

The healing environment: a paradigm for flourishing

We must address refugee trauma if we desire our refugee friends to flourish fully in their new country, but what does "flourishing" and "healing" look like? The end vision of healing is intricately bound up in what kind of environment is needed for healing to happen. Drawing from Jesus' response to trauma, we know that three principles are vital to a healing environment across cultures: community, faith and purpose.[14]

Community

Thousands of refugees are in the transition of temporary resettlement, which causes more instability and therefore more trauma. On-going and safe community becomes difficult, faith wanes, and people feel purpose-less when they do not have opportunities to contribute meaningfully to society or to their communities. Thus, creating a healing environment for refugees involves fostering healing communities.

A healing community is not just any community — it is one that develops cohesion, intimacy, and generous compassion.[15] Refugees need to know and be reminded that they are not alone and that their feelings and experiences are normal. Often just knowing that they are part of a larger community of hurting people brings of measure of healing. Welcoming refugees into safe, healing community involves forming trusting relationships. In most relational cultures, that involves daily activities like having meals together, attending doctors' appointments and giving rides to the grocery store or school events. It involves really listening to what refugees are experiencing and feeling without judgment or giving unwanted advice. Investing in relationships and practicing listening provides the dignity needed to make refugees feel valued. Participants in intentional communities like this regularly say things like, "I have been released from my problems after sharing them with others." Release is just the first step, however, in full healing.

Faith

As refugees and host/church communities consistently participate in and experience a safe and listening community, they begin to trust each other and share their lives. Because our lives are built on our faith as Christians, as we share ourselves we ultimately share the hope that we have in our compassionate and loving God through his son Jesus. Faith in something bigger than

[14] Diane Langberg, *Suffering and the Heart of God: How Trauma Destroys and Christ Restores.* (Greensboro, NC: New Growth Press, 2015), Loc 2552.
[15] Judith Herman, *Trauma and Recovery,* (New York: Basic Books, 2015), 215.

ourselves carries hope that life ultimately gets better. Thinking and behavior are transformed as people experience this hope.

Purpose

As behavior is transformed, we dream together with our refugee friends about how their lives can make a difference in their host countries. As we do this, their sense of purpose and dignity both individually and as a community is strengthened. This sense of purpose becomes the fuel of resilience—the strength that enables people to move forward despite their circumstances.

Through trauma healing groups I have seen these healthy communities form in such a way that when the next traumatic situation occurs, the members of the community already have a safe place in which to share their hurt, look to God together, and help each other. Trauma healing groups with community, faith and purpose embodied in a simple 3-part structure are easily reproduced by the refugees themselves throughout the larger refugee community, spreading the healing.

Building the ideal healing community

As already established, communities that embody the three principles of community, faith, and purpose become the soil in which healing can grow and flourish. They become communities that can support each other when new difficulties arise. One way such communities can be and have been built is through storytelling. These communities weave together sharing their own stories, internalizing God's story, and participating in God's story.

Community: Sharing stories

Stories are everywhere. Stories of our refugee friends' early life in their home country. Stories of their escape or journey to a new land. Stories of waiting for days, months, years in transition places. Stories of their first day in their host country. Stories of their children's adjustments to a new life. We hear our refugee friends' stories on an almost daily basis, and we are not always sure what to do about them. Our own stories seem to flow in and out of theirs, and we are reminded of our own relationship with the Creator God as we listen to our friends' struggles. Listening to these stories without judgment and without giving advice, and sharing our own, helps us foster healing communities.

Faith: God's story

Humans are uniquely designed to play a part of a larger epic story — God's theo-drama. Interacting with God's epic redemption story helps us re-imagine our own participation in God's story. Research about the use of narrative in trauma has largely centered around people telling their personal trauma narrative in healing. However, narratives in general, unlike expository material, stimulate the emotions as well as cognition.[16] We know that when listeners hear a

[16] Keith Oatley, "Why Fiction May Be Twice as True as Fact: Fiction as Cognitive and Emotional Simulation," 1999 *Review of General Psychology* Vol. 3 No. 2, 101-102.

story, especially one about a character with whom they can relate, they experience the same emotions as that character — this is why certain movies make us sad or happy.[17] Narrative may not be the only oral form in which this happens; certain traditional rituals, drama, and other activities centered around story have value for helping us integrate autobiographical memories into our present, which can "prompt individuals to recall such devastating emotional circumstances and come to terms with them."[18] Although genetics do contribute to how our brains work, Dr. Daniel Siegel hypothesizes that new neural connections can be formed as we experience new things over time.[19] Perhaps as people safely interact with God's theo-drama through Bible stories, drama, and other healing activities over and over, new and healthier neural pathways can be formed as the same neural connections are made repeatedly.

Purpose: Our stories participate in God's story

As our stories are transformed and new neural pathways developed, our behavior and, by extension, the environment around us, changes. Furthermore, we share our new story and healing with others. In trauma healing groups with a purpose component, participants are challenged to share the Bible story with others to form their own healing communities as they listen to people. Since humans naturally share stories, this makes healing groups based on community, faith, and purpose easily reproducible throughout the broader community.

Upcoming trends

The sharp increase in refugee populations around the world has increased interest from Christian workers in mental health training. However, western mental health training assumes different value systems and different systems of processing information. Most refugee cultures are more communal and oral than such mental health training takes into account.[20] Such cultures are more likely to process information and make decisions orally or narratively in community groups. They may consider faith to be an integral part of their lives, and they may define their personal purpose in terms of their ability to do good for their community and family units. Little research has been done in these aspects of cross-cultural mental health care; however, western ways of assessing trauma and trauma symptoms often just do not work in

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[17] Michael Heffernan, February 23, 2017. Tales for Tadpoles. "The Power of Storytelling and How it Affects Your Brain." *Tales for Tadpoles* (February 23, 2017) https://talesfortadpoles.ie/blogs/news/the-power-of-storytelling-and-how-it-affects-your-brain. (Accessed May 23, 2020).

[18] T. J. Scheff, *Catharsis in healing, ritual, and drama.* (Berkeley: University of California Press, 1979), cited in Oatley 1999, 110.

[19] Daniel J. Siegel and Marion Solomon, *Healing Trauma: Attachment, Mind, Body, and Brain,* (New York: W.W. Norton & Company, 2003), 5.

[20] Lovejoy claims that over 80% of the world's population is *oral,* that is, they are either illiterate or their reading comprehension is inadequate. If this is true, and we take into account that many of the refugee populations come from countries with less than adequate education systems, we may extrapolate that the refugee population will be even more oral. Cultures where oral processing of information is the norm tend to be more communal, leading to a different manifestation of values than our typical western systems.
Lovejoy, Grant Lovejoy, "The Extent of Orality: 2012 Update," *Orality Journal*, no. 1 (2012), 29.

other cultures, making both diagnosis and treatment of mental health disorders more challenging.

The sharp increase in refugee populations also means that we do not have the time or resources to train sufficient numbers of Christian workers in cross-cultural professional mental health care, especially with the lack of adequate research. We will never reach the levels of mental health care needed to adequately address the issues we currently face. However, Christian workers can help create communities that provide at least some measure of healing.

As refugee resettlement trends upward in western countries, Christian workers must begin to consider how trauma affects refugees' mental health. As they do so, they can draw from Jesus' example and incorporate the principles of community, faith, and purpose to create healing paradigms. Furthermore, these principles can be embodied within healing communities through narrative means — listening to refugees, sharing their own stories, and participating in God's theo-drama. This will create healing communities in which refugees can be good for each other, grow closer to God, and multiply this healing into their entire communities.

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