The Efficacy of Narrative Therapy in Supporting Refugees With Trauma

by

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Abstract

This capstone project shows the practical applications of narrative therapy and how it offers real support to refugees. Narrative therapy is an evidence-based therapy modality, with a strong research base applicable to refugees of all ages with a variety of psychological concerns. The reviewed publications of this project are international and include Canada, the United States, Australia, China, and South Africa to illustrate narrative therapy's relevance to many areas and peoples. The researchers of the publications that the author reviewed for this capstone project used interpretivist qualitative research methods. The moderate number of participants in the studies indicate a qualitative case-study methodology. The major finding from the project is that narrative therapy's interventions, such as artwork, drawing, and letter writing, are appropriate supports for refugees of any age. It is a misconception that arts, drawing, and writing are for only children and young teens. Narrative therapy has the potential for use with refugees who have only a basic knowledge of English as well as their native language (Khawaja et al., 2022; Ncube, 2006).

Keywords: *refugees*, *trauma*, *displacement*, *migration*, *acculturation*, *assimilation*, *language*, *adaptation*, *connection*, *family*

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Chapter One: Introduction

The integration of refugees into Canadian society and their well-being are contemporary social-justice issues. Traumatic events and many layers of loss negatively impact refugees. These losses have the potential to impair their mental health, quality of life, long-term potential, and integration. Canada must seek wholistic ways to engage refugees in mental health services; this is necessary for Canada's population growth, but it is also a humanistic imperative. Better mental health outcomes for refugees are interwoven with their ability to feel seen, heard, connected to community, and purposeful and that they contribute to Canada (Ng & Zhang, 2020; Rajaei & Jensen, 2020; Yim, 2022). Although mental health practitioners use several approaches to support refugees, one that has shown true promise is narrative therapy (NT). However, we do not know how efficacious it is or which features make it a preferred therapeutic modality for refugees. In this capstone project I explored the question of whether NT is an effective modality to use for refugees who experience trauma. This chapter introduces NT interventions to improve the mental health outcomes of refugees with trauma symptoms. To place my goals in context, I present an overview of recent immigration trends in Canada, refugees' specific needs, and deficiencies in the mental health care of refugees. Then I discuss and critique research that has demonstrated that NT is adaptable to various populations, ages, and countries.

Background for the Study

Since 1980 refugees have made up 10% to 30% of Canada's immigrants. In 2019 refugees accounted for 14.2% of the admissions (Bronwyn & Hiebert, 2022). In 2021 refugees comprised over 17% of immigrants (Statistica, 2024; Statistics Canada, 2022a). Immigration has countered the falling birth rates in Canada, combined with the aging population. Statistics Canada (2022a) estimated that the population will reach 47.7 million by 2041, and between

49.8% and 53.4% will be newcomers and the children of newcomers; refugees will be part of these figures. The projections are that African or Asian residents will comprise 25% of the population; 40% will be visible minorities. Some newcomers emigrate from collectivist cultures and are reluctant to adapt to a Western individualistic mindset. It becomes a systemic, financial, and social justice imperative for policy makers to understand the mental health needs of this demographic. The information that I present focuses on the systemic, cultural, and psychological barriers and solutions to refugees' problems (American Psychiatric Association, [APA], 2022; Tyminski, 2023). Statistically, refugees have lower self-declared mental health problems and are unlikely to seek help (St. Arnault & Merali, 2019). Problems arise because some mental health concerns are best addressed early. This has adverse results for refugees' health and exposes poor usage of healthcare finances and patient care policies at all levels of government. Negative mental health sequelae for refugees correspond to poorer familial and community outcomes such as increased negative interactions with police and the justice system; poorer academic adjustment and performance for children and adults; lower lifelong earning potential; the increased risk of precarious job, housing, and economic stability; and earlier deaths (Ng & Zhang, 2020).

Research Problem

Transnational migration globally is a necessity for Westernised countries because of decreasing birth rates and aging populations. Demographic realities have led Western countries to adopt immigration policies that are compatible with growing their labour market and population (Qiu et al., 2021; Zanchetta, 2021). It is important to research the complexities associated with migration to Canada, including newcomers' satisfaction, integration, employment, and economics (Ng & Zhang, 2021; Qiu et al., 2021). Newcomers from developing countries are unlikely to seek mental health support. In contrast, the most likely to seek mental

health consultation are newcomers from First World and Westernised nations. However, the symptoms of traumatic stress are most common in refugee populations. Because refugees face numerous losses throughout their lives, treating their mental health can be challenging, partially because of cultural and linguistic barriers. They are therefore a segment of the newcomer population on whom more research is required to understand their challenges compared to those of other newcomer populations (Ng & Zhang, 2021). In this capstone I highlight the urgent nature of addressing refugees' mental health within the context of a humanitarian and social justice lens, but also because of the demographic projections for Canada's future. I will also examine the efficacy of the NT interventions that address refugees' mental health and trauma.

Rationale/Justification

I conducted this literature review because as Canada's current demographics and immigration policy show, the mental health of newcomers is vital to the functioning of Canadian society, yet Canadian research on NT interventions with refugee populations is sparse (Godmaire-Duhaime et al., 2018). In this capstone I place at the forefront the mental health of refugees, who often have premigration trauma associated with displacement and are at an elevated risk for mental health challenges (Khawaja et al., 2022). This literature review focuses on international examples of the NT interventions that alleviate the mental health issues of refugees whose native language is not English (Smith et al., 2023). Gaps exist in the understanding of the characteristics of effective mental health interventions that help refugees to feel understood and supported and to heal from trauma (Ng & Zhang, 2021; Qui et al., 2021).

Significance of Research

As I noted above, Canada relies increasingly on immigration to meet its need for an adequate workforce. It follows, then, that the need exists to identify culturally and linguistically

sensitive therapies that help refugees to feel safe in the therapeutic relationship to continue in therapy (Motia, 2023). This is the first and most important step in clients' co-creation of a hopeful future. NT is a modality worth investigating for use with refugees because it offers culturally relevant interventions that therapists can adapt to appeal to people from collectivist cultures. NT was developed as a therapy modality compatible with other counselling modalities and various populations (Ekinci et al., 2024' Khawaja et al., 2022; Sue et al., 2022; Yim, 2022). NT offers linguistically and culturally applicable modalities to help newcomers to adapt learn, and express themselves with individuals and in groups (Motia, 2023). In this capstone project I explored the research question of whether NT interventions are effective in supporting refugees who present with symptoms of traumatic stress. To answer the question, I investigated the efficacy of NT interventions that involve the use of drawing, artwork, imagery, and letter writing to support refugees with trauma. The findings show that NT interventions help newcomers to familiarise themselves with their environment and discover and engage in whatever mental health supports are available (Asante & Asante, 2024; Draper et al., 2022; Ekinci & Tokkaş 2024). Counselling psychologists are expected to engage with clients/participants/supervisees in ways that, first and foremost, support the dignity of their clients (Canadian Psychological Association [CPA], 2017). Counselling psychology can then greatly benefit from an investigation of the hypothesis that NT respects the diversity and plurality of refugees in their new environment (Draper et al., 2022). NT helps refugees reflect on their culture(s) of origin, values and skills, to interact with others, and to feel connected to Canada; which has positive mental health benefits and integration experiences for refugees (Motia, 2023).

Theoretical Framework

I chose NT as the theoretical framework because it is an evidence-based therapy modality; it has a robust research base, and counsellors use it widely with an array of clients who have a variety of psychological concerns (Bjorøy et al., 2015; Madigan, 2019; White & Epston, 1990). Social workers Australian Michael White and New Zealander David Epston developed NT (White & Epston, 1990)—a collaborative, nonpathologising therapy that helps clients to conceptualise negative past events differently. Viewing events as distinct from the person helped the clients to self-reflect by reducing their shame and self-blame, and it promoted healing (Madigan, 2019; White & Epston, 1990). NT's theory of change enlists clients as co-authors of new narratives in their problem-saturated stories (Ng, 2023). Co-authoring enables them to externalise their problems, which White (2007) aptly stated as follows: "The problem becomes the problem, not the person" (p. 26). NT as a form of psychotherapy helps clients to identify their values and skills and become resilient to address challenges (Madigan, 2019). This evidence-based modality focuses on individuals as the experts of their lives (Barnes, 2020; Khawaja et al., 2022; Lansing 2022). NT is a pertinent modality for newcomers (Barnes, 2020; Qiu et al., 2021), and in this study I examined its effectiveness in supporting refugees in Canada.

Definition of Terms

***Mental health symptoms*:** impairments linked to mental health disorders (APA, 2022). In this work I use *mental health symptoms* to describe collectively newcomers' and refugees' symptoms that might or might not meet the full *DSM-5-TR* (APA, 2022) diagnostic criteria for the following disorders: generalised anxiety disorder, major depressive disorder, adjustment disorder, and posttraumatic stress disorder (PTSD); however, they are still impactful and can impair the quality of life of newcomers.

***Anxiety*:** future-oriented feeling of tension, worry, and bodily changes (APA, 2022).

Depression: long-lasting sadness that interferes with daily life (APA, 2022).

Adjustment disorder: condition that causes difficulties coping with stressful events or change (APA, 2022).

***Mental health outcomes*:** reduced plausible symptoms (Tyminski, 2023).

***Refugees*:** people who fear returning to their home countries because of their race, nationality, religion, politics, social group, or opinions and because of conflict, war, or violation of their human rights (Statistics Canada, 2022a).

***Trauma*:** emotional response to a horrific event (APA, 2022). Barnes (2020) defined *trauma* as an intensely profound and painful emotional experience that overcomes the capacity to cope and/or function effectively.

Researcher's Positioning Statement

I completed my undergraduate degree in history and psychology at the University of Saskatchewan and my master's degree and doctorate in history in Germany, with a focus on migration. I was not fluent in German but learned it in Germany. As a graduate student, I was set apart from local culture and norms; I experienced bigotry, bullying, and ill treatment. In Canada, potential employers questioned if I was legally entitled to a work in Canada, the land of my birth. Employers do not view my work experience overseas as relevant, which weakens my applications. If hired, my duties are not included in the job description because of my foreign credentials. My experiences as a foreigner abroad incline me to countertransference when I counsel refugees.. Although I am aware that my experiences in Europe as a White, Anglo-Saxon, heterosexual male are vastly different from the experiences of refugees (Barnes, 2020), I consider them an asset. They have increased my empathy for people who feel alone or like

foreigners and frustrated because of systems and bias. Because my desire is to work ethically and with cultural humility in my counselling career (CPA, 2017), I will mitigate the possibility of countertransference through consultation, supervision, and training to enable me to work with cultural humility and with diverse populations.

Overview of Capstone Chapters

Chapter One is an introduction to the topic of NT and its interventions in work with refugees in Canada. Because of the rate of immigration to Canada and the need for realistic support for refugees, relevant mental health therapy and interventions are important. Chapter Two covers my capstone project's methodology. In my online search I used the keywords *narrative therapy* and *refugees*. Chapter Three is a review of the main peer-reviewed published sources that I used in this 2024 capstone project. The researchers of the 12 core articles analysed the effect of migration on newcomers, with an emphasis on refugees and how NT can support their diverse needs. Chapter Four covers the findings of my research project and how these results apply to refugees and their mental health. Because of the expected immigration numbers for the next decades, the mental health of refugees is of concern to psychology as a profession and municipalities, provincial and the federal government. In Chapter Five I make recommendations for the mental health of refugees and newcomers in Canada, some of which include the need to make refugees aware of the availability of mental health consultation and the facilities that are available to them. A healthy working relationship with doctors, hospitals, medical clinics, and cultural communities can foster connections to mental health resources and their supports and advocacy for access to mental health consultation (Zanchetta et al., 2021).

Chapter Two: Methodology

In this chapter I examine the search process and the parameters of my research, including the keywords, databases, and search engines that I used; the required refinements; my rationale; and the limitations and challenges of the search process.

Literature Search Process

In my initial online search, my keywords were *narrative therapy* and *immigration*. These search criteria, however, proved to be too broad, so I later reduced them to *refugees* and *narrative therapy* and searched for peer-reviewed articles published between 2019 and 2024. This capstone focusses on refugees who legally entered Canada within the last 10 years and legal adults 18 years of age and over. I excluded the self-employed, skilled workers, entrepreneurial groupings, and adult students. I limited my search to English-language publications and studies to align my capstone more with my project title, my plausible readership, and refugees' predicaments. I used ProQuest Ebook Central to find relevant graduate-studies works and Google Scholar for peer-reviewed journal articles. I also used Networking Edmonton's Online Services (NEOS Library Consortium, 2024) to access the library consortium in northern and central Alberta of affiliated government and hospital libraries and institutions of higher learning. I accessed the majority of the articles via the Athabasca University (2024) library; Athabasca University (2023) is an open, distance, and online university. The searches that I conducted via ProQuest revealed relevant graduate-studies research. I also searched various databases, including World Catalogue, City University of Seattle Library, Google Scholar, and ProQuest Ebook Central. Research findings from the Dulwich Center (2024), located in Australia, were also relevant.

Refinements in the Literature Search Process

Two exceptions to the publication timeframe were Ncube (2006) and Clacherty (2006). Ncube's study used innovative imagery with the Tree of Life (TOL) in a culturally acceptable approach to examine trauma. Clacherty used artwork to help refugees explain their experiences. I refined my research by focusing on refugees in lands of immigration and on how NT addresses linguistic and cultural concerns (Khawaja et al., 2022; Smith et al., 2023; Stiles et al., 2019).

Rationale and Parameters for the Study

In this capstone I used journal articles and unpublished graduate research to show how Mental health practitioners worldwide use NT in innovative ways and how it is relevant, adaptable to, and compatible with refugees. I explored the usefulness and practicality of NT psychotherapy; interventions (artwork, drawing, and letter writing) and the applications to refugees' trauma regardless of their age (Ekinci & Tokkas, 2024). The findings from this research offer mental health practitioners insights and practices relevant for use with refugees. Migration is a challenging process because it disrupts support systems, social networks, traditions, cultures, and values. These peer-reviewed research publications apply to Canada and the demographic challenges of refugees (Ng & Zhang, 2020).

Limitations of the Research Methodologies in the Reviewed Studies

The researchers of the publications that I reviewed used interpretivist qualitative methods. The relatively low number of participants in the studies reflect qualitative case-study methodology (Creswell & Creswell, 2018). Ncube (2006), Clacherty (2006), Godmaire-Duhaime et al. (2018). Ahmadi (2021a, 2021b), Khawaja et al. (2022), Lansing (2022), Yim (2022), Lilly (2023), and Ng (2023) used creativity, imaginative writings, or artistic expression to evoke emotions and ensure the safety and stability of migrants to enable them to externalise and

overcome their trauma. Smith et al. (2023) and Rajaei and Jensen (2020) noted aspects of authoring and reauthoring to externalise trauma. Lansing did not recruit human participants. Mental health practitioners must consider contextual factors and refugees' intersectionalities: their cultures, languages, displacement, migration story, and trauma exposure (Smith et al., 2023). Critics of NT contend that, although it has a flexible theoretical foundation that is adaptable to various populations, it is still a Western-based theory and biased in definitions of well-being and mental health (Ncube, 2006). Khawaja et al. noted that although *therapy* is a Western construct, sharing stories is a universal idea that traverses cultures. NT focuses on values that might resonate with and be acceptable to persons from non-Western, collectivist cultures (Ncube, 2006). Rather than clients' accessing mental health support to address something amiss with them, the examples of NT interventions focus on culture, family, community, heritage, skills, and positive outcomes (Lansing, 2022). Refugees from non-Western cultures might be reluctant to participate in therapy because of negative experiences with authority, trauma triggers associated with the therapy process, or identification with their contextual understandings of privacy and self-disclosure (Lansing, 2022; Ng, 2023; Rajaei & Jensen, 2020; Zanchetta et al., 2021). Ahmadi (2021a, 2021b) noted that witnessing others in the cultural community participate in NT and their positive outcomes from the interventions could encourage members of the same culture/community to participate (Ahmadi, 2021a, 2021b). Ahmadi (2021a, 2021b) was a fellow Muslim Afghan refugee whose understanding of life and culture was important to ensure that her participants would become engaged (Ahmadi, 2021b), especially Muslim Afghan women (Ahmadi, 2021a).

When people of the same culture introduce the NT intervention, it can be extremely beneficial. For some non-Western cultures, group trauma is more relevant and persistent than

individual trauma, and it is important to hear and respect non-Western experiences and interpretations of trauma. Patience, consideration of individual differences, and culturally sensitive NT can be comforting. Trauma varies among cultures, and an understanding of geographical and cultural contexts of trauma is paramount to an understanding of stigmatisation and to appropriate counselling. Talking to clients about their understanding of trauma can be helpful in building the therapeutic alliance, trusting NT, and encouraging refugees to engage in therapy (Barnes, 2020). NT is compatible with North, South, and Central American First Nations; Indigenous Australians; and segments of African and Asian oral traditions. The healing and rejuvenating nature of storytelling support groups' customs and oral practices helps the therapeutic alliance (Reed, 2021). NT interventions that include art, imagery, and letter writing can bridge possible communication and cultural differences between mental health practitioners and newcomers and help refugees to acclimatise to Canada while they become empowered to retain elements of their original cultures (Khawaja et al., 2022; Smith et al., 2023).

Challenges Encountered During the Literature-Search Process

A challenge in this project was not to incorporate literature from merely one part of the world, but to maintain a global record of NT usage for refugees. Much of the research in the field of NT was published in the United States and Australia. It was a challenge to find research on refugees that demonstrated the efficacy of NT in a more global capacity; wider cultural applications would strengthen the research question. Another challenge was not to focus exclusively on refugees, but to include information on other categories of newcomers. Although refugees are important and relevant to this work, in the project I wanted to show that NT is applicable to all newcomers, inclusive of refugees.

Chapter Three: Literature Review

In this capstone project I explored the efficacy of NT interventions in supporting and improving mental health outcomes for refugees with trauma. Barnes (2020) defined *trauma* as an intensely profound and painful emotional experience that overcomes the capacity to cope and/or function effectively. Broadly, I examined NT interventions for refugees worldwide that incorporate more than traditional talk therapy. In this capstone paper I compare, contrast, and critique research on NT interventions such as art, imagery, and writing and determine whether the positive outcomes are suitable and wholistic, measurable, and repeatable with refugee populations.

Prevalence of Mental Health Disorders Amongst Refugees in Canada

According to current immigration projections, by 2041 roughly 50% of Canada's population will be immigrants and the children of immigrants (Statistics Canada, 2022a). Refugees currently make up about 15% of the immigrants allowed into Canada yearly; this trend is likely to continue (Lansing, 2022; Rajaei & Jensen, 2020). Refugees are underserved in current mental health supports because they are unaware of and/or reluctant to seek help. NT is adaptable and compatible with First Nations, Asian, and African oral traditions and other psychological theories (Ng & Zhang, 2020; Reed, 2021). It is a public-health and social-justice imperative not only to identify and support refugees specifically because of their augmented mental health vulnerability, but also to teach current and future generations of mental health practitioners about the needs of newcomer and refugee populations. Providing mental health practitioners with information is not enough; enhancing their counselling skills and cultural humility is also necessary to ensure ethical counselling/support for refugees (Khawaja et al., 2022; Perry, 2024).

Premigration trauma connected to an upheaval that causes refugees' displacement often affect their mental health and elevates the risk of mental health problems and disorders (Khawaja et al., 2022). Refugees suffer from mental health issues linked to their involuntary displacement, such as adjustment disorder, depression, anxiety, complicated grief, isolation, separation, cultural conflict, and symptoms of PTSD (Lansing, 2022; Rajaei & Jensen, 2020). PTSD is linked to a traumatic event or series of events that are distressing and impair refugees' ability to cope (Barnes, 2020). They also suffer from postmigration settlement issues such as varying degrees of acculturative stress characterised by feelings of confusion, sorrow, and loss of identity (Khawaja et al., 2022).

Barriers to Mental Health for Refugees

Differences in culture, language and policies play a role in refugees' current reluctance to access psychological supports, even if they are available (Draper et al., 2022; St. Arnault & Merali, 2019); the lack of accessibility, poor exposure to services, disclosure difficulties, and mental health struggles can cause this reluctance (Ng & Zhang, 2020). Mental health practitioners must address refugees' isolation, separation, culture shock, and trauma; make them aware that mental health supports exist; and explain how to access them (St. Arnault & Merali, 2019; Zanchetta et al., 2021).

A more comprehensive understanding of refugees, the barriers to mental health support, and applicable therapies is indispensable to service providers and policy makers. Gaps in the research on refugees' access to mental health supports include country of origin, length of time in Canada, age, gender, trauma and cultural diversity, sociocultural aspects, collective versus individual trauma, and comparisons with the Canadian-born population. More information is also

required on the variations in refugee populations' mental well-being and mental health outcomes (Barnes, 2020; Ng & Zhang, 2020).

In 2018 the United Nations stated that over 65 million people are currently displaced, and over 22 million are classified as refugees (Clay, 2018). In 2024 the United Nations assessed the number of refugees globally at 43.4 million; this figure has nearly doubled in just six years. Therefore, the number of refugees as a classification of immigrants to Canada will likely be more pronounced over the coming years, perhaps even decades. Refugees might have acquired diseases that are rare in the West, inadequate perinatal care and health care, higher maternal mortality rates and shorter life expectancy than Westerners, generational poverty, war, denial of basic human rights, and denial of education (Reed, 2021). Although these systemic oppressions sometimes occur in Canada, refugees' systemic oppressions are endemic, and they have little choice but to flee their geographical areas for other countries and start new lives. Because of these challenges, mental health practitioners need tangible information on refugees' country of origin, culture, language, values, spirituality/religion, family/community system, and the possibility that refugee clients have undiagnosed mental health concerns that could further compromise their resettlement (Clay, 2018).

The 2021 Canadian census (Statistics Canada, 2022b) revealed that nearly one-quarter of the population (over 8.3 million, or 23% of the total population) were landed immigrants or permanent residents in Canada, the largest number statistically in the seven most advanced economies in the world (G7 countries). Canadian society is becoming progressively multiethnic, which compounds the mental health intercultural care challenges because the administrative model, management, and staff have not consistently grasped diverse strategies to deal with the refugee dilemma. Improving and introducing cultural-brokering assistance can have positive

implications for the improvement of mental health and minimisation of support disparities for refugees (Ofosu et al., 2023). Potentially 52.4% of Canada's population will be newcomers and the children of newcomers by 2041 (Statistics Canada, 2022a).

In the current age of ever-increasing transnational migration, counsellors are ethically required to build skills to counsel refugees with their unique challenges (Ng & Zhang, 2020; St. Arnault & Merali, 2019). NT helps refuges to overcome systemic, cultural, and psychological barriers and find solutions to unique problems associated with their involuntary displacement. With regard to recent immigration trends in Canada and the challenges that refugees face, NT interventions are transparent, positive, flexible, and accepting of racial, spiritual, and cultural differences (Ng & Zhang, 2020; St. Arnault & Merali, 2019).

Addressing Trauma Through Drawing, Imagery, and Artwork

In this section I discuss the features of NT and link NT studies on refugees. NT involves reframing (externalising clients' problems), reauthoring (identifying and creating alternative storylines), and retelling (promoting positive understanding of events). It also includes personal and guarded narratives through drawing, imagery, and artwork to build on clients' innate strengths, identity, morals, future aspirations, and resilience while they address their trauma issues (Ncube, 2006). NT encourages refugees to address issues associated with guilt, blame, trauma, and stress, as well as reframing (Clacherty, 2006; Godmaire-Duhaime et al., 2018).

Ncube (2006) introduced the TOL intervention to NT, which uses imagery associated with a tree as a representation of life based on clients' experiences. The TOL is an inclusive, peaceful, and nonthreatening tool that enables the participants to visually express their experiences while they become aware of their resilience and positive qualities. Ncube used a Masiye camp methodology. A Masiye is a place of learning, facilitation, and direct psychosocial

support where the participants build life skills, and the practice is a practical learning methodology. Mental health practitioners function as co-authors and therapeutic partners to discover their clients' knowledge and skills in their culture. Group settings encourage open discussions among the members, who function as witnesses to validate knowledge, skills, and alternate narratives. One limitation of Ncube's study was the ability to link mental health practitioners and refugees in problem-saturated versions of refugees' lives.

Clacherty (2006) also used imagery and artwork, with second-hand suitcases as symbols of the refugees' lives. The participants selected a used suitcase and decorated the outside using various materials, which represented the youths' past. Once they had decorated the entire suitcase, the participants wrote short journals to explain the meaning of the visuals. The artwork gave the refugees opportunities to share their experiences and emotions. Decorating the suitcases helped the youth to reclaim their memories and be resilient, empowered them to become part of their own healing processes, and presented them as survivors rather than victims. One of the limitations of this study was that Clacherty recruited the participants with few filtering or disqualifying criteria.

Clacherty (2006), Khawaja et al. (2022), and Ncube (2006) used exploratory, participatory artwork to investigate refugees' trauma. These studies were culturally sensitive in that the researchers acknowledged and accepted the refugees' mother tongues, social contexts, experiences, histories, and perspectives. I will discuss the adaptations and efficacy of these articles later. This research, with the positive outcomes related to artwork, empowerment, and resilience, is applicable to refugees in Canada. The interventions can be implemented regardless of refugees' verbal abilities and places of origin (Clacherty, 2006; Khawaja et al., 2022, Ncube,

2006). The fact that these interventions overcame the potential barriers of language and culture is noteworthy and speaks to the effectiveness of NT's characteristic features.

Similarly to Ncube (2006), Khawaja et al. (2022), and Clacherty (2006), Godmaire-Duhaime et al. (2018) used exploratory and participatory artwork processes to investigate refugees' pain and displacement. In this study they created a space for female newcomers who had experienced precarious situations, trauma, poverty, and isolation to reflect on their migration, life, and suffering. They also used artwork to create an open, accepting, art-based intervention to minimise challenges, foster appreciation for personal life stories, and create space for cultural articulation. These improvements occurred through the forging of connections among the individual and collective stories, which created alternative perspectives and discourses that flourished. The limitations of this study were the lack of personal exploration and self-reflection to improve the participants' self-image, and Godmaire-Duhaime et al. did not uniformly support their 10 participants.

Yim (2022) collected narrative stories from members of an ethnic Chinese newcomer community, curated their experiences as artworks, and showed them publicly in community-oriented areas. These communal records, in addition to their collective memories, offered a healthy reflection as well as a social community function. Yim coupled the stories with culturally specific concepts of health, stress, and trauma, which facilitated a reauthoring of individual and collective narratives. Yim used these personal tales to support communities in which newcomers had experienced complex trauma such as genocide, war, and dispossession; some of the participants were refugees. A limitation of this study is that the author is from Hong Kong and probably displayed an affinity for and/or a connection to her participants in the interview process. Regardless, Yim showed that NT combined with community psychology (integration of

political, financial, social, and cultural influences) encourages healthy change individually, and the results in the newcomer community were positive (Yim, 2022).

Lilly (2023) used digital NT and interventions that blended participatory video, creativity, and artistic expression to engage newcomers in the processes of positive adaptation, empowerment, and healing. The findings of this study encourage practitioners to use novel digital NT interventions such as participatory video to encourage and strengthen clients' ability to gain insights into their true identities, past events, trauma, and social contexts. This method enables clients to become self-aware and take pride in their individual and collective identity. A limitation of this study is that Lilly required that the participants be video and/or media literate. Older individuals and those not from Western First World countries might not have had prior knowledge or understanding to participate in modern electronic technologies (Lilly, 2023). Both Yim (2022) and Lilly used artistic expression and creativity in their studies. Ahmadi (2021b), Ncube (2006), Khawaja et al. (2022), and Godmaire-Duhaime (2018) used the TOL in their study; and Clacherty (2006) used an alternate artistic NT technique. These researchers used innovative creativity and imaginative expression to support their participants, who were dealing with negative life experiences and trauma.

Integration of Narrative Therapy With Other Modalities

NT can effectively be integrated into a framework that reduces biological, psychological, and social (biopsychosocial) symptoms (St. Arnault & Merali, 2019). This is important in addressing mental health concerns because individual behaviour can result from biological, physical, or medical issues caused by brain chemistry, hormonal imbalances, genetics, physical health, medications, and neurochemistry. A collaboration between medical approaches and psychology improves refugees' well-being, dignity, and interests (Rajaei & Jensen, 2020).

Rajaei and Jensen (2020) wanted to empower their clients to use NT and took a collaborative approach to support patients, their families, and mental health facilities. The researchers gave six clinical examples to demonstrate how to implement NT with patient-centred care and empower newcomers with active decision-making processes. This study has contributed to medical family therapy that involves NT as a biopsychosocial support and therapeutic service for patients with physical health problems. Medical family therapy also helps clients when they conceptualise illnesses and their symptoms, and it links the biopsychosocial and spiritual aspects of health (Rajaei & Jensen, 2020). The limitations of this study include the time constraints in the health care setting and the unstated selection criteria.

Writing as a Therapeutic Intervention

Letter writing can be very soothing and therapeutic for refugees who suffer from trauma. Ahmadi (2021b) studied Afghan youth aged 6 to 18 who used narrative letter writing to address their trauma and future hope. Ahmadi discovered that letter writing is a therapeutic intervention because stories take on permanence and additional meaning when they are written down. Writing enhanced the refugees' ability to think about their challenges and triumphs at their own pace, reevaluate their perspectives, make mistakes, and compose multiple drafts; and it fostered learning and creativity. Narrative therapeutic letter writing is a powerful means through which refugees can consolidate their alternative stories (Bjorøy et al., 2015), and it serves as a reference point for encouragement and resilience for their future (Ahmadi 2021a, 2021b; Lilly, 2023).

Both a strength and a limitation of Ahmadi's (2021b) study is that it required basic/ written skills in the refugees' native languages. Another observation is that, because the author is an Afghan refugee, her research could have been biased. It illustrates that a researcher who

recruits human participants must take measures to reduce countertransference and bias, which can impact the interpretation and reporting of the study's outcomes (Ahmadi, 2021b).

Critics of letter writing in trauma therapy have contended that retraumatisation is a possibility and that letter writing could be limiting depending on clients' literacy in their native languages or in their adopted languages (Barnes, 2020; Hinch, 2021). Retraumatisation can be avoided when the therapeutic process is trauma informed and feels welcoming and safe for clients. Trauma-informed care relates to and supports refugees who have been exposed to dangerous experiences and suffer negative consequences (Draper et al., 2022; Lilly, 2023).

When mental health practitioners ensure that refugees are grounded in the present and do not become overwhelmed by past trauma, they can avoid retraumatisation. Trauma-informed care ensures that mental health practitioners will accurately assess refugees' resources and personal needs. They need to demonstrate respect, positivity, and compassion in supporting and validating refugees and give them opportunities to establish clear narratives about their traumatic experiences while they encourage refugees' self-acceptance and self-awareness (Briere & Scott, 2014).

Mental health practitioners also need to ensure that they conduct their NT sessions at a client-centred pace, avoid prolonged intensive sessions that overwhelm clients, identify possible triggers, and accommodate sessions to their clients' current mental state and well-being. Mental health practitioners must also create therapeutic spaces that enable refugees to feel grounded and safe and gain the ability to integrate new perspectives after their sessions (Lansing, 2022; Lilly, 2023; Ncube, 2006; Ng, 2023; Rajaei & Jensen, 2020).

A trauma-informed approach creates a safer environment to help refugees to gain self-awareness and new interpretations about themselves. Ahmadi (2021b) found that the letter-

writing process strengthened refugees' identity within their immigrant community and enhanced their communal pride; community identification is a resiliency factor that correlates with positive mental health outcomes for refugees (Ahmadi, 2021b).

Building a Sense of Community

NT supports individuals and communities through positive change and connections (Yim, 2022). Ahmadi (2021a) used the TOL as a collective narrative document that helped a group of Afghan women refugees to explore their knowledge, skills, and resilience factors together, because she believed that a collective document would inspire personal well-being and mental health improvements and would become a source of inspiration for the wider Afghan community. The participants were proud of and willing to share and express publicly the collective narration, which included cherished cultural expressions. The collective document was a product of the narrative interventions of double listening (hearing clients' stories while listening for important hidden themes), the externalisation of problems, the elicitation of descriptions of a preferred self, a focus on positive developments, and the co-creation of new narratives.

Ahmadi (2021a) emboldened Afghan women to examine and analyse their mutual problems and become involved in the research and information-dissemination process. It was an investigative study in which Ahmadi supported the participants through their trauma by using a manualised group-centred NT intervention that could be replicated. In this study the mental health practitioners assumed the role of collaborators rather than solitary leaders within a therapeutic dialogue and listened respectfully to the participants. The mental health practitioners asked narrative questions and used metaphors to engage the participants in explaining their stories. This process became empowering as personal tales of strength, morals, and future

aspirations emerged. Group discussions and interactions enabled the validation of individual skills, abilities, talents, and alternative tales. In this group context, the NT was culturally sensitive, continued cultural legacies, and respected social diversity (Ahmadi, 2021a).

Ahmadi's (2021a) research illustrates that sharing stories of faith, perseverance, and strength in a group context can empower individuals as well as communities. A criticism of this study is that the researcher probably overidentified with her Afghan participants. Collective narratives offer refugees a method of talking about their preferred self and positive developments and enable them to overcome their isolation (Hinch, 2021). Khawaja et al. (2022) used the TOL and collective narrative practices in a case study with a qualitative methodology. A group of nine Muslim women volunteered to take part in a TOL intervention in a manualised six-week program. They spoke collectively about their life challenges, strengths, resilience, beliefs, and coping skills. This investigative study demonstrated evidence that a manualised, group-centred NT intervention supports refugees through their trauma when it is culturally sensitive and promotes personal skills while the participants form connections within diverse groups, regardless of age or intersectionality. Criticisms of this study are that Khawaja et al. did not assess their participants' literacy, English knowledge, cognitive functioning, or mental or physical health; and they did not delineate the inclusion criteria, which is important to measure the validity and efficacy of the research.

Khawaja et al. (2022) successfully illustrated that not only is the TOL intervention effective for use with mature populations and applicable to youth, who were the original demographics in Ncube's study (Khawaja et al., 2022; Ncube, 2006), but that the findings also show how refugees can contribute to their adopted land. Khawaja et al.'s study was similar to Ahmadi's (2021a) study, because the researchers of both highlighted the empowerment of

refugee women. Criticisms of the use of NT in a community context include peer pressure to participate, the difficulty of managing group dynamics and creating space for all voices to be heard, and the fact that forcing refugees to participate before they are ready can add to their feelings of guilt and stress (Lansing, 2022.

Yim (2022) found that object-based NT (symbols of a specific memory, time, or location) combined with community influences newcomers' group histories. Public exhibitions reveal that collective experiences are an interpretative progression because of the personal social contexts and experiences. NT and curated exhibits generate a community feeling and a sense of belonging and support ethnic groups and individuals (Yim, 2022).

The Future of Narrative Therapy Interventions With Refugees

NT interventions such as artwork, medical approaches, letter writing, and group context empower refugees to examine their personal narratives, rebuild connections, and reestablish relationships, community, and culture. In a literature review, Lansing (2022) noted that the positive aspect of NT is that it fosters the ability to disclose personal perspectives in a safe therapeutic environment. The NT interventions of artwork, drawing, and letter writing are therapeutic for trauma survivors, possibly because they work silently and at their own pace, become imaginative, and examine their skills and current environment, which can alleviate stress (Lansing, 2022).

Group contexts have the added benefit of facilitating the development of communication skills. A possible limitation of Lansing's (2022) work is the possible bias and White privilege of Lansing herself. She fled Zaire (Democratic Republic of the Congo) as a youth, which could have influenced her literature selection. It is important that researchers disclose their bias in their research and publications because it can impact their credibility.

Ng (2023) interviewed individuals whom she knew from Hong Kong who were in various stages of emigration; some were ethnic Chinese refugees originally from other areas of Asia. All of the participants wrote their life stories and described their values and aspirations, which reframed them as creators of their new lives. Ng then asked the participants to co-create collective documents as living testimonies of their actual experiences. She noted their strength, perseverance, resilience, and empowerment. This study shows that NT is useful for individuals who emigrate because it reduces their stress, anxiety, and trauma. Some possible limitations of Ng's study are that she might have demonstrated countertransference during the interview process and that her structured counselling approaches might have encouraged problem-saturated interpretations of past events and trauma.

Traumatic life events and language barriers can also be problematic within the therapeutic process. It is important to address their influence on clients' language for mental health considerations. Smith et al. (2023) examined the role of language barriers and the influence of native language on cognition. Their research was a case study in which they used NT with linguistic relativity (the mother tongue's influence on the concept of reality) to analyse the dynamics in the Suarez family. This family of five emigrated from Argentina to the United States. Their English fluency varied: The parents' level was the lowest, and the youngest daughter's was the highest.

Smith et al. (2023) synthesised NT and language relativity to offer Anglo mental health practitioners case conceptualisations of therapeutic interventions for clients who are learning English. This research shows that the blending of NT and linguistic relativity creates an ideal therapeutic standard to support the mental health of newcomers. Smith et al. used simplified language in the NT sessions to help the newcomers to explain their lives and explore the

deconstruction (dismantling) of harmful events. The therapeutic outcomes of the use of linguistic relativity with NT are beneficial for newcomers and acknowledges that clients are not always proficient in English. Linguistic relativity with the collaborative method of NT refines narrative sessions. Sessions structured in this way help newcomers to deconstruct, externalise, and reframe harmful events, which enhances deeper meaning making (Smith et al., 2023).

The deconstruction phase can make it easier for refugees to understand their reality. Throughout this process mental health practitioners help refugees to understand their values more deeply, externalise their challenges (which reduces blame and shame), and co-author new narratives in which they view challenges as events that they can overcome because of their values. In NT, refugees visualise and seek their ideal state of being and their preferred self (Madigan, 2019; White & Epston, 1990). The linguistic differences between mental health practitioners and clients can become an obstacle to building a therapeutic alliance; however, as I described above, NT practitioners have developed innovative interventions to support clients' healing that transcend spoken language (Ncube, 2006; Smith et al., 2023).

Researcher Bias and Impact on Selection Criteria and Information Collection

Criticisms of NT research are that it lacks statistical, empirical, and clinical analyses. Another criticism is that NT does not consider education, life history, intelligence, and linguistics skills. I will discuss the criticisms of NT research and explain how researchers can improve their validity, reliability, and academic rigour (Bjorøy et al., 2015; Hinch, 2021).

Bias and Selection Criteria

Addressing criticisms of the reliability (consistency of results) and validity (accuracy of the collected data) of NT research begins with the need to reduce the impact of author/researcher bias. Participant-selection criteria and researcher bias are important in measuring the

effectiveness of NT interventions in improving mental health outcomes (Chan et al., 2023; Ekinci & Tokkas, 2024; Zanchetta et al., 2021). Research is valid if it accurately measures a given phenomenon and involves a standardised process for including/excluding participants. Inclusion criteria ensure the validity of the study, whereas exclusion criteria minimise the chances of including participants who might compromise the researchers' ability to clearly answer their research questions. Rigorous inclusion criteria reduce the possibility of researcher bias (Patino & Ferreira, 2018). Ahmadi (2021a, 2021b) and Clacherty (2006) did not describe their inclusion/exclusion criteria for participants. It is therefore likely that researcher bias influenced these studies, although they illustrated the creative possibilities of NT interventions towards positive outcomes. Ahmadi could have delineated criteria such as women between certain ages, refugee status after a certain date, and refugees from certain regions of a country. A Christian group in South Africa helped Clacherty to find suitable participants for her study, and she accepted those presented to her. Clacherty could have enhanced her research with rigorous filtering or disqualifying participant criteria. Ahmadi and Clacherty would then have followed best practices for the design of high-quality research.

Data Collection and Analysis

Another integral concept in evaluating the effectiveness of research is the standardisation of researchers' collection and analysis of their data. All of the research that I reviewed was qualitative. Qualitative researchers study patterns and themes rather than statistics; observe patterns and themes in the behaviours, attitudes, and experiences of their participants; and collect data from interviews, questionnaires, or surveys (Creswell & Crewell, 2018; Tenny et al., 2022). They then interpret the patterns and themes in the data that they collect and draw conclusions that either validate or refute the hypothesis of the research (Tenny et al., 2022). Although

Ahmadi's (2021a) study is qualitative, the research question asked whether group participation in the narrative intervention would reduce the negative mental health symptoms of the participants. Ahmadi should have taken pre- and postmeasures of mental health or conducted a thematic analysis of what the participants described as positive mental health. Ahmadi used no pre- or postmeasures of mental health to quantify the mental health symptoms before, during, or after the narrative study. However, the researcher conducted a thematic analysis that showed that the participants and their families had reported problematic acculturation and difficulty with feeling accepted in Australia. Ahmadi's thematic data analysis illustrated that the NT individual and group interventions made the participants feel supported and reduced their symptoms of anxiety, PTSD, depression, and school problems.

Ethical Conduct for Research Involving Human Participants

In Canada, the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* ([*Policy*] Canadian Institutes of Health Research [CIHR] et al., 2018) regulates research with human participants. Psychologists' research must also adhere to the ethical principles of the CPA and the regional bodies that license mental health practitioners. The *Policy* (CIHR et al., 2018) sets the ethics, principles, and parameters to protect human participants; researchers must consider the welfare of their participants during their studies and after. Participants' welfare encompasses their mental, physical, and spiritual health; and proper ethical research must take into consideration any research-related harm (CIHR et al., 2018). Respect for the participants' dignity is an embedded requirement of the *Policy*. The researchers of all studies with human participants must respect human dignity and conduct their studies in a sensitive and reverent manner compatible with the inherent worth of all persons. Respect for dignity involves three principles: respect for persons, concern for welfare, and justice. These basic ethics are

interdependent, complementary, and pertinent to all research that the *Policy* safeguards (CIHR et al., 2018).

Canadian Code of Ethics for Psychologists

Principle I: Respect for the Dignity of Persons and Peoples in the *Canadian Code of Ethics for Psychologists* (CPA, 2017) considers clients' innate worth and moral rights and ensures that researchers will maintain professional boundaries, will not discriminate, and will respect natural, social, and distributive justice. Principle II: Responsible Caring ensures that mental health practitioners will maintain cultural humility and demonstrate that they will attune the interventions to maximise the benefits and minimise harm to their clients. In working with refugees, mental health practitioners must be culturally humble and respectful of their clients' culture. Principle III: Integrity in Relationships ensures that clients will feel safe and supported throughout their therapeutic journey and that researchers will demonstrate the highest integrity in their interactions. Principle IV: Responsibility to Society ensures that narrative mental health practitioners will support their clients and advocate for them, and it empowers clients to eventually advocate for themselves. Narrative mental health practitioners must also ensure that every decision is ethical and that they will place their clients first (CPA, 2017).

In Canada, the College of Alberta Psychologists ([CAP] 2022) and other regulatory bodies that register counsellors have established parameters for minors to participate in research studies; the researchers of the studies that involved minors adhered to them. In Alberta, psychologists who use NT interventions must also follow CAP's (2022) standards of practice, which cover ethics regarding the relationship between psychologists and clients/research participants, psychologists' competence and duties, confidentiality, and consent, as well as many other issues related to ethically carrying out psychological services or research (CAP, 2022).

Lansing (2022) did not recruit human participants, and the researchers of the other publications included volunteers. Khawaja et al. (2022) collected informed consent and conducted a focus group at the conclusion to obtain the participants' feedback. Yim's (2022) participants gave written or verbal consent, and Lilly's (2023) participants gave verbal consent. Ncube (2006), Ng (2023), Clacherty (2006), Ahmadi (2021a, 2021b), and Godmaire-Duhaime et al. (2018) did not mention consent.

Khawaja (2022), Yim (2022), Lilly (2023), Ncube (2006), Ng (2023), Clacherty (2006), Ahmadi (2021a, 2021b), and Godmaire-Duhaime et al. (2018) did not state whether their subjects knew the studies' aims, parameters, risks, or benefits. In Ncube's, Clacherty's, and Ahmadi's (2021b) studies, the legal guardians did not give informed consent; nor did the minors give their assent (CAP, 2022). Without these standard measures for informed consent and/or assent for minors, the researchers demonstrated a lack of protection for their participants regardless of age (CPA, 2017). Because psychological studies with humans are never static, to remain ethical and professional, researchers must ensure that their participants are informed and assured of new information, developments, and alterations (CAP, 2022; CIHR et al., 2018). Respect for the dignity of persons is an inherent right that applies to psychological research and includes participants with limited, diminished, or developing autonomy (CIHR et al., 2018).

Cultural Humility and Boundaries

Clear and professional boundaries establish and maintain a therapeutic space in which refugees feel seen, heard, and supported. Mental health practitioners can foster therapeutic alliances only with mutual respect and appropriate boundaries that benefit their clients. Adhering to appropriate boundaries can include following professional ethics and standards of practice, engaging in self-care, learning about any limitations regarding professional proficiency, using

self-disclosure in a measured way that is only therapeutically beneficial to clients, and engaging in supervision/consultation (Perry, 2024).

Amandi (2021a, 2021b) and Yim (2022) were connected to their specific ethnic groups, although Yim's Chinese participants originated from various Asian countries rather than one country. Yim stated that she was epistemologically and morally responsible throughout her reflexive (the questioning of personal assumptions, judgments, and beliefs) research study. Mental health practitioners must demonstrate responsibility to clients and society in every ethical decision by using culturally and ethically sound psychological practices. They avoid countertransference by always placing the needs, wishes, and goals of their clients first and maintaining their own well-being (CPA, 2017).

Narrative Therapy to Fill the Void in Knowledge About Refugees

Various researchers whom I noted above (Khawaja et al., 2022; Rajaei & Jensen, 2020; Smith et al., 2023) revealed that they successfully used NT in social and cultural contexts, such as in cross-cultural counselling for the benefit of clients of diverse populations, ages, settings, and simultaneous social identities, and that the artworks and writing-based interventions helped their participants to identify their personal strengths and appreciate their positive qualities (Denborough, 2018; Ekinci & Tokkas, 2024; Vitale et al., 2019). To address refugees' needs and language barriers, art and writing-based interventions are valuable in reducing cultural and communication problems and treating their trauma. This reauthorisation process enhances refugees' resilience and strengths and helps them to fulfill innovative social roles with responsibilities in their new settings (Khawaja et al., 2022; Ncube, 2006).

Khawaja et al. (2022) gave evidence that the TOL that they used in their group-based study had positive effects on their participants. The TOL is a culturally sensitive intervention that

fosters personal skills and connections within diverse groups. However, more data-based published research is needed on psychological interventions that assist culturally and linguistically diverse groups, and NT-focused research could help to fill the void in this area. The research studies that I reviewed were qualitative and included voluntary participants. I had hoped to include quantitative studies to gain a comprehensive understanding of the participants' experiences within the therapeutic alliance, but they proved to be elusive (Khawaja et al., 2022).

Interest exists in emerging psychological interventions compatible with refugees and their specific challenges. Some of this interest is focused on PTSD and other mental health challenges that newcomers face; the interventions use eye movement desensitisation and reprocessing, cognitive behaviour therapy, and narrative exposure therapy. Interest is also growing in developing and testing group-based collaborative interventions to improve newcomers' acculturation process and resilience (Khawaja et al., 2022; Rajaei & Jensen, 2020; Smith et al., 2023). It is vital that counselling interventions be culturally sensitive and accommodate refugees linguistically and culturally (Khawaja et al., 2022).

NT is useful for individuals and groups as well as in communal settings, regardless of age. More research on TOL and NT with adult populations is needed, including after retirement age. Mental health research on culturally and/or linguistically diverse populations is sparse. For example, research on Muslim women is required because of the individual risk linked with immigration challenges, ethnicity, religion, identity, and physical appearance with regard to pious clothing (e.g. hijab, veil, tunic). It is also relevant to explore culturally sensitive and safe approaches in mental health environments for nontraditional and linguistically varied populations (Khawaja et al., 2022). Research is lacking on the use of 21st-century technologies, including videos in an NT setting (Lilly, 2023), as well as evidence-based appropriate interventions that are

culturally sensitive for refugees. Longitudinal studies on refugee populations are also needed, as well as on those who settle in Canada for extended periods (Asante & Asante, 2024; Qiu et al., 2021; Zanchetta et al., 2021).

Summary of Findings

White and Epston (1990) contributed to counselling psychology when they developed NT as a client-centred, collaborative, and nonpathologising therapy to help clients to conceptualise negative past events as external occurrences. Viewing these events as separate from the individual depathologises struggles and emphasises resiliencies (Ng, 2023, Rajaei & Jensen, 2020; Yim, 2022). Furthermore, NT interventions are useful to traverse language, integration barriers, and trauma for refugees, who are a growing segment of Canadian society (Ng & Zhang, 2021; Reed, 2021; St. Arnault & Merali, 2019). In addition to being a moral imperative, the need to improve mental health outcomes for refugees with negative mental health symptoms is based on current population trends; immigration plays an important role in Canada's current and future prosperity (Ng & Zhang, 2021). For NT to be effective with refugee populations, Western mental health practitioners require a unique consciousness to provide mental health counselling to refugees who are especially vulnerable and have more negative mental health outcomes than innate populations do (Ncube, 2006).

NT, a methodology with cultural and linguistic flexibility that is suitable for refugees, incorporates interventions that demonstrate effectiveness in counselling-varied populations. In this capstone paper I have defined *effective* therapy as support for refugees who have traumatic experiences. Neglected trauma can become profound, complex, and intergenerational if it is not properly addressed (Lansing, 2022). NT interventions with vulnerable populations encompass

the use of imagery, art, drawing, writing, communal storytelling, and biopsychosocial approaches (Bjorøy et al., 2015; Chan et al., 2023; Ekinci & Tokkas, 2024).

These interventions are useful individually and in group contexts to alleviate the complex mental health needs of refugees. Wholistic perspectives on culture, community, and healing underscore the suitability, measurability, and repeatability of NT interventions for refugees. These interventions help mental health practitioners to understand multiple contextual factors in refugees' past and current experiences, worldview, and resiliencies (Smith et al., 2023). Although many of the NT interventions that I discussed above have had positive outcomes for the participants, to be able to critically consider them as evidence-based modalities to use with refugees requires future research in the form of longitudinal studies and more statistical rigour to reduce researcher bias (Ng, 2023, Rajaei & Jensen, 2020; St. Arnault & Merali, 2019; Yim, 2022).

Systemically, the NT interventions that the researchers studied can help mental health practitioners and policy makers to understand the complex realities of refugees. The interventions that I discussed require a first-hand environmental analysis of refugees' struggles, their engagement in systems when they arrive, and the gaps in wholistic mental health services. NT interventions are a culturally appropriate means of gathering data on their experiences and needs. Data can drive systems changes, such as increased funding and resources to support the settlement experiences of refugees and improve their mental health outcomes (Qiu et al., 2021).

It is important to consider a myriad of factors that can lead to inequality, including culture, land of origin, race, education, immigration status, history, and personal experiences. Mental health practitioners must fully embrace cultural humility and patience to appreciate the complexity of immigration and the multifaceted struggles of refugees. Cultural humility is a

lifelong journey characterised by constant self-reflection and awareness of personal biases (Khawaja et al., 2022); incorporating NT interventions can support a variety of diverse clients in mental health practitioners' integrative practice. A key factor in the effective use of NT interventions for refugees is that mental health practitioners who administer them must practise cultural humility and self-reflection and gain insight into how their positionality or bias can impact their interventions (Khawaja et al., 2022). Mental health practitioners must improve their knowledge about the cultural orientation of refugees and enhance their capacity to work with refugees to enable them to consider their cultural orientation judiciously, and they need to reflect on their education, personal influences, and intersectionalities to support refugees ethically (Zanchetta et al., 2021).

Chapter Four: Narrative Therapy to Address Refugees Experiencing Trauma

In this chapter I discuss the clinical implications of the findings from the literature that I reviewed in the previous chapter.

Incorporation Into Psychological Clinical Practice

To summarise my crucial analysis of the literature, the researchers of the selected studies examined the efficacy of NT in supporting refugees with trauma. NT helps to lift the systemic, cultural, and psychological barriers for refugees and provide viable solutions to their problems. Its characteristics include the following: NT (a) improves refugees' mental health through on their resilience (Khawaja et al., 2022), (b) promotes their well-being (Lilly, 2023), (c) empowers them (Khawaja et al., 2022), and (d) helps refugees to explain their lives and explore their deconstruction of harmful events (Clacherty, 2006; Ncube 2006). One way to begin to explore the clinical implications of my findings is to acknowledge the reality of the cultural and experiential differences among refugees and the underlying assumptions and attitudes of counsellors who practise in Canada. Family connections, interactions, and free-time activity can differ between Canadian and refugee families. Clinical practice requires the exploration of refugees' acculturation, acceptance, and attitude. They might have cultural norms for gender-based behaviour, interactions, and roles; for example, girls might help at home after school to support their stay-at-home mothers. In Canada we encourage students to participate in age-appropriate extracurricular activities such as after-school sports, organisations, or clubs (Abrams, 2021). Information helps family members understand and engage in developmentally suitable and integrative activities for their children during the acculturation process (Abrams, 2021).

In Canada many health workers accept Western-Eurocentric mental health approaches because society trusts, relies on, and supports scientific, medical, and mental health theories and

applies them to refugees (Reed, 2021). However, these Western-Eurocentric approaches inevitably pose barriers and prove ineffective for non–English-speaking refugees, especially for those from collectivist cultures (Reed, 2021). NT is favourably positioned because of its potential for mental health practitioners to listen to refugees' stories and address their concerns and trauma. Pre- and postmigration stress plays a role in refugees' mental attitude upon entry. It increases their vulnerability and long-term negative consequences, and it can also hinder their ability to access mental health support in Canada (Khawaja et al., 2022; Smith et al., 2023). Mental health practitioners can supplement the services of local advocacy groups that specifically support the settlement of refugees locally, such as Catholic Social Services (2024) or the Mennonite Centre for Newcomers, to enhance their work (Abrams, 2021; Newcomer Centre, 2022). Mental health practitioners should pay attention to somatic symptoms such as physical pain, changes in eating habits, bedwetting, and the regressive actions/behaviours of children (Moncrieffe, 2023). Policy informs clinical practice; to that extent, strategies that mandate the cultural competence of mental health practitioners will enrich their practice. They must accept the uniqueness of each individual and recognise how municipal, provincial, and national policies influence them. Mental and physical health disparities are related to structural issues and accessibility. The delivery of services takes into consideration structural issues and remains diverse, entrenched in cultural understanding, accessible, and equitable to serve refugees with varied needs within communities and families (Moncrieffe, 2023).

Research Findings and Societal Applications

In the Edmonton region two prominent social services agencies that advocate for refugees are Catholic Social Services (2024) and the Newcomer Centre (2022), which function on limited budgets and have restricted numbers of staff (Couts et al., 2017; St. Arnault & Merali, 2019).

Employees seek donations and goodwill to continue their community work and services for refugees. Both organisations support newcomers in their transition to life and culture in Edmonton, improve their English-language skills, and help them to find suitable employment. The employees of such organisations are lower paid than similarly educated mental health practitioners in private practice elsewhere in Alberta, which encourages staff turnover (St. Arnault & Merali, 2019). Another impetus to staff change is the high number of clients whom mental health practitioners see during the workday, which causes mental health practitioners' burnout and results in inadequate support for refugees. Recent mental health graduates might seek work experience at such organisations but do not remain long term, which compounds the problem. Support for refugees is often too short and limited in scope. Although faith-based organisations, social services agencies, and settlement agencies help, the Canadian refugee policy has limitations (St. Arnault & Merali, 2019).

The problems associated with local advocacy groups are numerous, complex, and sometimes interrelated. Fiscal, administrative, and employee-related problems create an unstable work environment because of the multiple tasks of the workers and the populations whom they serve. Job requirements change periodically, which places pressure on staff and creates tensions within the work environment. Instability and unwanted change in local advocacy groups compound the services for refugees, and their predicament is not adequately addressed (Dicke & Ott, 2023). One of the insights that I gained from the literature review in Chapter Three is the need to address systemic barriers and readiness. In that sense, one fundamental improvement would be to support refugee-receiving organisations so that the workers are better able to leverage the opportunity to work with refugees during their initial phase of settlement, including the development of a wholistic profile of new refugees to support them effectively.

Recommendations for Clinical Practice

An aspiring mental health practitioner in clinical practice must understand that refugees often come from places of sorrow, displacement, and uncertainty; and they have more vulnerabilities than immigrants or Canadian-born residents. Consideration for the dignity of the person (CPA, 2017) should include making space in the therapeutic relationship to learn about refugees' places of origin, history, culture, values, hopes, and challenges. Mental health practitioners should conduct their sessions under the umbrella of an emerging identity grounded on who each client is, yet influenced by the displacement of refugees and shaped by their recent experiences and host countries. NT interventions can enhance the efficacy of counselling for refugees because they focus on the whole person, mind, body, and emotional well-being (Clacherty, 2006; Godmaire-Duhaime et al., 2018; Ncube 2006). NT promotes a therapeutic alliance because it enables refugees to use linguistic phrases, vocabulary, and the vernacular to explain dominant narratives; and it respects their linguistic choices and cultural (Khawaja et al., 2022; Smith et al., 2023). It also enables clients to shed negative self-appraisals, damaging self-concepts, accusations, terms and expressions that others impose on them, demeaning stereotypes, and self-defeating ideas attached to past events. Proponents of NT have claimed that it is a useful form of psychotherapy because of its adaptability to clients and compatibility with other therapies (Smith et al., 2023). NT is an innovative psychotherapy that challenges colonialism and supports mental health practitioners in helping refugees to cope with ethical dilemmas (Reed, 2021). However, the healthcare provider system clashes with the intercultural care process that refugees need. In Alberta, mental health practitioners attempt to provide integrated care for refugees (Ofosu et al., 2023). Addressing cultural nuances that involve physical space and eye contact can improve rapport, build the therapeutic alliance, and make clients feel comfortable.

Mental health practitioners must have knowledge of gender norms and family interactions before they interact with their clients; for example, East African women in the Maasai society are taught not to look men in the eyes and to allow men to speak first, and Latin American culture mandates loyalty to the family. Family members must be consulted before anyone makes an important decision. A lack of knowledge of basic cultural norms can thwart the counsellor-client relationship (Abrams, 2021). Mental health practitioners must use a conversational tone and act naturally and openly to ensure that their clients feel a sense of safety, comfort, and trust; for example, they should not ask refugees for their immigration status or details of their personal stories of migration, especially if they come from regions of high conflict, such as the Middle East, Africa, Latin America, or Eastern Europe. When they flee, they might have faced premigration challenges, losses, stress, political turmoil, and social strife (Abrams, 2021). Mental health practitioners should encourage dialogue and interact periodically rather than remaining silent, which can instill dread and fear; storytelling and conversation are a remedy (Behrendt et al., 2021). Improving mental health applications and interactions for refugees requires that intercultural care and access be addressed. Professional guidance must be sensitive to refugees' emotional suffering and anguish and demonstrate appropriate mental health competence and expedience with appropriate therapies. The first challenge for refugees is to acquire provincial healthcare cards to be able to make medical appointments with doctors, who will often refer them to mental health professionals; however, Alberta health insurance plans do not fully cover mental health services, which is another barrier for refugees (Zanchetta et al., 2021).

Traumatised people feel vulnerable and powerless, but five essential values help to avoid this state: control/power, tenderness/love, esteem, safety, and trust. Children need care, attachment, and stability to help them to develop neurologically. Evidence-based research has

shown that children who experience trauma in unsafe environments communicate more effectively through visuals rather than words. Children who develop in unsafe environments are not able to recall stored information in the same manner that children who grow up in safe environments do who pick up verbal cues better; those in unsafe environments understand visual cues better, such as gestures, intonation, and facial expressions. For children raised in violent households, nonverbal information is more important than verbal. Harmful exposure to trauma through violence influences the brain's development and children's cognition, which the limbic and subcortical portions of the brain control (Lansing, 2022). The importance of visuals, feeling, and touching to children who experience trauma makes art therapy efficacious. Evidence-based research has proven that children from unsafe environments feel increasingly more at ease when they communicate via visuals. Therefore, touch-oriented interventions such as NT art therapies that involve touching/feeling objects and visuals can highlight refugees' strengths, make their communication skills more effective, and help them to process latent topics and themes (Lansing, 2022).

Implementation of Information from Capstone Project

In this study I examined NT because it is adaptable to many populations, ages, and countries. It is also compatible with other psychological therapies. It is important to share this information, especially with those in the field who work with refugees. NT lends itself to collaboration with other therapeutic models such as solution-focused brief therapy. The combination of these two therapies blends the NT approach of discovering values and meanings in life through clients' stories with the solution-focused brief therapy concept of seeking immediate solutions to relieve clients' discomfort (Metcalf, 2017). Another plausible NT collaboration is multicultural counselling and therapy (MCT), which incorporates storytelling to

address clients' personal concerns. The ability of NT to be ethically relevant to other cultures and adaptable to all clients and their worldviews lends itself to MCT applications. Both are culturally sensitive and linguistically accepting and demonstrate responsive counselling (Ekinci & Tokkas, 2024; Sue et al., 2022). NT can be blended with MCT and social constructivism to help refugees to separate themselves from their challenges. The merging of NT and MCT creates strengths and innovations that are adaptable to support diverse populations. Although linguistic differences are a potential barrier to MCT, NT compensates because it has other options for communication between refugees and their mental health practitioners. Refugees with limited verbal skills can use art interventions and writing and bridge their verbal communication problems by making various attempts and using strategies (Hinch, 2021; Smith et al., 2023).

Another possible collaboration is between NT and community psychology, which is a comprehensive approach. Clients tell their stories through illustrations, narratives with historical objects, personal experiences, and heritage making. The use of NT and community psychology can be a wholistic approach to integrate refugees and promote individual and collective (group) intervention options to heal refugees' trauma. The focus of this integrative approach on healthy change in people's generative nature can build the resilience of individuals and the community (Yim, 2022). NT is compatible with the concepts of positive psychology, which focuses on the strengths, virtues, and beneficial behaviours that help people to live full lives that are meaningful to them as individuals and independent persons (Laliberté, 2022). The identification of positive events and constructive change empowers individuals, increases their feeling of control, enhances their coping skills, and improves their mental health (Ofosu, et al., 2023). A continuing-bonds inquiry (ongoing inner connection to loss) helps to identify and connect refugees with mental health resources and education in ways that they can accept. This inquiry

involves investigating past history and identity while they co-construct the future, thus enabling a novel identity. NT offers focus and a roadmap for inquiry to separate refugees from their painful past and enables them to create stories of connection, belonging, wellness, and stability (Draper et al., 2022). I selected various journal articles for this capstone project to determine whether NT innovations and/or adaptations independently support a diverse clientele, help refugees through the treatment process, and offer avenues for personal expression and recovery. I will analyse the combinations that mental health practitioners use and appraise the effectiveness of the NT approach for various populations. I will also evaluate the efficacy of NT practices through publications, authors' observations, and interviews with clients (Dulwich Centre, 2024).

NT has been tested globally across diverse populations to treat a myriad of mental health problems. Mental health practitioners apply it worldwide, and NT incorporates interventions and practices that make it unique (Chan et al., 2023). For example, the NT intervention of the TOL has its roots in South Africa, but this intervention is in use globally today (Ncube, 2006). NT in China involves the use of mainstream concepts and supports clients on their healing journeys, but it also incorporates Asian and Chinese philosophy and traditions, including traditional Chinese mediation, centring prayer, poetry, haiku, Taichi (Chinese martial arts), calligraphy, and flower arranging to heal the body and mind (Ofosu, et al., 2023). In this capstone I investigated the usefulness of NT ethically, which has advanced counseling and psychology as a discipline to support refugees in cross-cultural counselling for diverse populations in various settings. NT is effective for individuals, couples, families, and refugee groups who are dealing with trauma (Ekinci & Tokkas, 2024).

Chapter Five: Conclusions and Recommendations

In this chapter I present a concluding summary and make suggestions for NT for refugees to address their mental health needs, alleviate cultural and psychological barriers, and provide solutions to refugees' mental health challenges.

Outcome and Importance of the Research

The theoretical framework of NT aligns with the support that refugees need as they adapt to new countries. Refugees face language barriers and must adapt to systems (e.g. legal, education, health, political), navigate to provide for their basic needs and address grief and/or loss, and manage the psychological impacts of traumatic events (Barnes, 2020). Newcomers face consistent, continuous negotiation between their home countries' norms and cultures and the new societies' concepts and cultures (Khawaja et al., 2022). Refugees have significantly more problems because of their displacement and face postmigration triggers, in addition to their premigration trauma (Khawaja et al., 2022). Research on the use of NT interventions for refugee clients bridges gaps in understanding, supporting, and helping refugees to heal from trauma. The studies that I explored in this capstone demonstrated that NT interventions such as imagery (Clacherty, 2006; Godmaire-Duhaime et al., 2018), art (Khawaja, 2022; Ncube, 2006), the use of NT for physical health complaints (Draper et al., 2022; Motia, 2023), and letter writing (Bjorøy et al., 2015; Godmaire-Duhaime et al., 2018) effectively improve the mental health outcomes for refugees who experience trauma. These researchers described NT interventions that help refugees to reframe their trauma narratives in ways that are culturally congruent and to understand their negative experiences and make sense of traumatic events and experiences. Researchers have shown that NT is an effective modality in counselling psychology and other social-support contexts because it focuses on refugees' resilience and promotes their personal

well-being in the short term and longitudinally to improve their mental health (Khawaja et al., 2022). Researchers must conduct longitudinal studies to determine whether the initial positive outcomes from the use of NT interventions for refugees can be solidified and maintained over the course of many months or years, which will affirm their effectiveness in supporting refugees (Asante & Asante, 2024; Qiu et al., 2021; Zanchetta et al., 2021).

Mental health practitioners who work with refugees and immigrants will find the information in this capstone of value because standard mental health supports often prove to be inadequate for refugees and their needs. Compared to the Canadian population, refugees (Ng & Zhang, 2020) are more likely to experience mental health problems, the most common of which is PTSD. Other psychological problems include the depression and anxiety associated with trauma. It is crucial to address all three of these diagnoses to prevent harmful health consequences and to ensure that mental health practitioners understand that migration often means incalculable losses associated with refugees' culture and connections (Draper et al., 2022; Khawaja et al., 2022). It is also important to address refugees' loss and grief, and therapy must support them and the foundation of their new lives. This must incorporate precious knowledge, skills, and support because they no longer have familiar people and locations in their immediate geographical area. Asking refugees to let go of their former lives, cultures, indoctrination, and so on is potentially harmful because their past lives and relationships are resources rather than burdens. Their history and connections can become disjointed and frayed, but they must preserve them for successful future integration into their new host countries (Draper et al., 2022).

Literature Findings and Future Applications

In this capstone project I explored NT as a solution that mental health practitioners globally can use to diminish the barriers, address refugees' mental health needs, reduce their

symptoms, and support the use of NT, because it is not merely a Western-Eurocentric phenomenon. Refugees' previous experiences are resources, and potential severance can increase their feelings of loss, fragility, and confusion and negatively impact their identity. NT enables refugees to move toward safety, logic, and stability. It encourages learning, exploration, resiliency, and new outcomes to serve as a novel foundation for life. NT helps to identify, support, and connect refugees' existing resources and integrate them into their new lives if they feel lost (Draper et al., 2022). It also addresses the parts of their past identity that they accept as positive, which is uplifting and supports the co-construction of plausible future opportunities that empower the emergence of their reformed identity. Refugees' concepts of culture and identity remain fluid and are in the process of being moulded through their social and supporting life experiences. The findings of this study strongly suggest that NT can play an essential role in healthy engagement in counselling therapy and reduce anxiety, PTSD, and depression among refugee clients (Khawaja et al., 2022; Lee et al., 2023;Motia, 2023). It encourages participation; enhances the feelings of trust, safety, and healthy acculturation; empowers refugees to engage in their healing; and stimulates active, innate reflection on health (Draper et al., 2022).

Purpose and Aims of the Research

The purpose of this capstone project was to examine NT and its adaptations that are compatible with refugees' experiences and to examine the barriers to their care and the reduction of their symptoms. The research question asked about the efficacy of NT in supporting refugees with trauma. The goal of the researchers of the articles that I selected for this capstone was to articulate novel, flexible, and client-friendly solutions. NT incorporates innovative perspectives on psychotherapy and emphasises the detachment of people from their problems and possible stereotypes, which enables refugees to analyse the discourses imposed upon them and understand

their trauma. This foundation enables mental health workers and guidance programs to take different perspectives and use functional techniques with clients of all ages and intersectionalities to improve their mental health (Ncube, 2006). NT and its interventions also help clinicians to understand and work with refugees' intersectional identities and constellations (Smith et al., 2023). It is crucial that mental health practitioners understand the contextual factors and consider refugees' intersectionalities of cultures, languages, displacement, stories of migration, and trauma exposure (Smith et al., 2023). The main purpose of this study was to expand what we know and accept as effective and practical therapy for refugees. Some agreement exists on the compatibility of NT with multiple cultures and linguistic groups, as well as diverse ages (Khawaja et al., 2022; Smith et al., 2023). NT interventions support refugees in Canada with varying degrees of language proficiency. These adaptive interventions help newcomers to process their experiences. Acclimatisation challenges and living in unfamiliar environments cause immigrants and refugees to struggle to express themselves and comprehend their emotions and personal trauma (Ncube, 2006).

Future Research Recommendations

The research that I have presented in this capstone has shown the various ways in which NT interventions reduce refugees' negative mental health outcomes (Zanchetta et al., 2021). The negative mental health symptoms of the participants in the research decline (Draper et al., 2022; Smith et al., 2023). The success of NT interventions is a result of their client-centred goals and wholistic framework. The goal is to focus on the participants' adaptive, preferred self and positive aspects of their attitudes, values, skills, and history (Ahmadi 2021b; Zanchetta et al., 2021). The NT conceptual framework supports these goals because it enables refugees to deconstruct and reauthor their stories, externalise their problems, and explore deeper meaning

(Rajaei & Jensen, 2020; Smith et al., 2023). The conceptual reasoning for NT is solid as a wholistic intervention for diverse newcomer populations, but a question for future research that focuses on newcomers' mental health is, How can support providers identify newcomers who could benefit from NT interventions? It is important to consider wholistic and culturally sensitive screening, interventions, and follow-up with newcomers, because they are often reluctant to seek mental health support, especially those from collectivist cultures (Galler & Sher, 2010; Ng & Zhang, 2021). Another future research question is, What are the systemic barriers to teaching graduate-school counselling/psychology students about newcomers' mental health and how to overcome these limitations? Last, all evidence-based research with human participants must adhere to the policies of the CIHR et al. (2018). Although the studies on NT that I reviewed displayed many admirable qualities, and the verbal reports of the participants on the NT interventions were often favourable, statistical validity, reliability, and ethical standards such as appropriate consents were either inadequate or the researchers did not report them (Khawaja et al., 2022; Rajaei & Jensen, 2020; Smith et al., 2023). A future research question that could strengthen the claim that NT is an evidence-based intervention for refugees is, What wholistic quantitative or qualitative measures can mental health practitioners use to identify changes in refugees' mental health well-being? (Stiles et al., 2021).

Personal Learning and Appreciation

My increased exposure to and familiarity with mental health concerns has informed me that personal beliefs and accepted cultural norms influence personal and family struggles. Cultural taboos, interpersonal barriers, and fear leave people trapped in their current state, often as a result of trauma. Suppressed trauma coupled with unhealthy coping tactics force problems to remain below the surface and cause associated anxiety and depression, which can become

intergenerational. NT addresses and breaks barriers to promote healing and normalise topics and vocabulary to meet mental health challenges and educate family members. My hope, expectation, and future aspirations are that researchers will conduct more analyses and increase the research on NT with refugees to diminish the negative stigmas in immigrant communities and offer relevant information to mental health practitioners; this will reduce the barriers and make refugees feel more comfortable in seeking mental health support. My interest in immigration and refugees has unfolded over the years, and my internship placement solidified my passion for working with newcomers and addressing their trauma and troubles.

Current Knowledge for Personal Practice

I am aware of the external barriers, limiting mindsets, and stereotypes that hinder psychology. Individual mental health practitioners might also lack the impetus and attention required to help refugees. Working with a culturally diverse clientele and addressing refugees' fears can be daunting. I am aware that I have my own biases, prejudices, and misaligned concepts. My worldview, cultural identity, concept of self, and privilege influence my thoughts and actions. As a mental health practitioner, I must improve and maintain my cultural humility and become culturally sensitive in my professional actions. Effective approaches to treating the current mental health issues of refugees and preventing future psychological ailments must be readily available and implemented. NT is one such remedial course of action for refugees.

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