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Mitigating Loss, Discrimination, And Acculturation: Supporting Long-Term Immigrants

Through Dance/Movement Therapy, A Literature Review

Capstone Thesis

Lesley University

May 5, 2020

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Dance/Movement Therapy

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Abstract

With a growing population of immigrants and a rise in anti-immigration policies and sentiments that have longstanding mental health consequences, it is imperative that the field of dance/movement therapy meets the growing needs of long-term immigrants in the U.S. This literature review addressed the gap in dance/movement therapy research on the use of dance/movement therapy to support the post-migration, long-term mental health needs of immigrants residing in the U.S. Themes of loss, discrimination, and acculturation and identity as the prevailing long-term effects of the post-migration experience in the U.S. were explored. In addition, literature on multicultural and anti-oppressive uses of dance/movement therapy were examined, followed by a review of expressive arts therapy literature with migrant populations. Next, dance/movement therapy literature with migrants, often concerning recently-arrived refugees coping with trauma, was examined. Finally, I proposed a case for the potential utility of dance/movement therapy to address the mental health needs of long-term immigrants in the U.S. Particularly, due to its capacity to build resilience, body awareness, and community through culturally relevant applications. Recommendations for further research included investigating the effectiveness of dance/movement therapy with long-term immigrants in the U.S., and particularly, how it might serve to mitigate and protect against the mental health effects of loss, discrimination, and acculturation.

Keywords: immigrant, dance/movement therapy, discrimination, resilience, community, loss, acculturation

Mitigating Loss, Discrimination, And Acculturation: Supporting Long-Term Immigrants
Through Dance/Movement Therapy, A Literature Review

Introduction

The U.S. has the highest number of immigrants than any other country in the world, comprising one-fifth of the global immigrant population (Radford, 2019). In 2017, over 40 million people in the U.S. were immigrants (Radford, 2019). Of those, 10.5 million were undocumented (Radford, 2019). Furthermore, with current trends, immigrants and their children are expected to make up 88% of the population growth in the U.S. into 2065 (Radford, 2019). With current anti-immigration policies and governmental crackdowns, limited access to social services, acculturation stressors, and a growing population, it is imperative to identify and support the growing mental health needs of immigrants living in the U.S. Therefore, this thesis will explore the mental health needs of long-term immigrants and examine the potential effectiveness of dance/movement therapy in supporting this population.

Literature on the long-term experience of immigration reflects that immigrants endure persistent feelings of loss, ambiguity, and acculturation (Cooper, Edsall, Riviera, Chaitin, & Linstroth, 2009; Falicov, 2005; Pereira, 2019; Perez & Arnold-Berkovits, 2018). Loss and ambiguity are often associated with a physical and social loss of the homeland, family, and community, accompanied by a sustained psychological attachment to these factors (Cooper et al., 2009; Falicov, 2005; Pereira, 2019; Perez & Arnold-Berkovits, 2018). This is further complicated for migrants whom lack a certain possibility of ever returning to their country of origin (e.g. refugees and/or undocumented immigrants) (Cooper et al., 2009; Falicov, 2005; Perez & Arnold-Berkovits, 2018). Additionally, research reflects continuing experiences of

racial discrimination and isolation that threaten the mental health of long-term immigrants (Falicov, 2005; Pereira, 2019; Perez & Arnold-Berkovits, 2018).

Dance/movement therapy (DMT) literature suggests potentially therapeutic outcomes from using DMT to provide care for long-term immigrants facing mental health challenges regarding loss, racial discrimination, and acculturation stress. Dance/movement therapy literature with recently arrived migrants supports the effectiveness of using DMT to reconnect people to their cultural identity as a source of strength (Koch and Weidinger-von der Recke, 2009). Research also supports the use of DMT in developing “counter-storytelling and counter-narratives” (Kawano & Chang, 2009, p. 5) to support clients with marginalized identities. Furthermore, research demonstrates the capacity of DMT to create a space of nonverbal communication for exploration of self and self with others, thereby transcending language barriers and safety concerns that often arise with verbal communication (Cruz & Berrol, 2004).

However, there is limited research to directly support the claim that DMT is an effective treatment option for the mental health concerns of long-term immigrants in the U.S. Existing research that approaches this population primarily focuses on the use of DMT to treat trauma and resilience of newly arrived migrants (Bareka, Panhofer, & Cigaran, 2019; Koch and Weidinger-von der Recke, 2009; Rahapsari & Hill, 2019). While there is a large body of literature that examines and identifies a range of challenging experiences with psychological impacts that long-term immigrants endure, current DMT literature does not include adequate research that identifies effective DMT methods and interventions to support this population. This literature review will examine salient themes in the experience of long-term immigration and dance/movement therapy’s potential to effectively support immigrant populations.

I will begin with a synthesis of the historical context of immigration in the U.S. Next, I will investigate three prominent themes emergent across psychological and ethnographical research on enduring effects of immigration: 1) loss of family and the homeland, 2) racial discrimination, and 3) identity and acculturation. In the subsequent portion of the literature review, I will provide a historical context of dance/movement therapy. Next, I will examine DMT literature concerning multicultural and anti-oppressive applications of the work. Later, I will investigate research across various expressive arts therapies modalities with recently arrived and long-term immigrants. I will conclude the literature with a review of DMT research with migrants. Finally, I will discuss how dance/movement therapy and expressive arts therapy literature demonstrates the effective potential of dance/movement therapy to support long-term immigrants in their experiences of loss, discrimination, and identity and acculturation stress.

Overall, this paper presents research that supports the use of dance/movement therapy with long-term immigrants in working through challenges concerning loss, racial discrimination, and identity and acculturation. I argue that dance/movement therapy can effectively address long-term immigrant challenges by creating a space for artistic counter-storytelling, reconnecting to cultural identity, communicating non-verbally, rebuilding a sense of empowerment, and fostering community. Ultimately, this paper presents a case for expanding the use of dance/movement therapy to support, advocate for, and empower long-term immigrant populations.

Literature Review

This literature review aims to identify and discuss three prominent elements that characterize long-term immigration: 1) loss: family and homeland separation, 2) racial discrimination, and 3) acculturation and identity. Primarily, to identify the principle needs of

long-term immigrants and highlight the importance of therapeutic intervention to address the psychological impacts of the aforementioned elements. Next, follows a discussion of dance/movement therapy literature that demonstrates its applicability in cross-cultural and anti-oppressive work. Later, I examine expressive arts therapy and dance/movement therapy literature that investigates the work with migrants. Finally, I identify gaps in the literature that reflects a further need for research to demonstrate the effectiveness of dance/movement therapy with long-term immigrants in the U.S.

Long-Term Immigration Effects

Historical Background. In 2017, the U.S. immigrant population was recorded at 44.4 million people, composing almost 14% of the total U.S. population (Radford, 2019). In the last 55 years, the immigrant population in the U.S. has increased four-fold (Radford, 2019). With some minor fluctuation between 2013 to present, data reflects a continued rise of immigrants in the U.S. (MPI, 2019). Current research trends estimate that by 2065, immigrants and their children will comprise 88% of the U.S. population growth – 103 million people (Radford, 2019).

Apart from population growth, immigrants form an important part of U.S. economic growth. In 2018, immigrants reflected a higher participation rate in the labor force than native U.S. citizens and comprised nearly a third of workers in multiple industries, including farming, fishing, forestry, cleaning and maintenance, textile, food manufacturing, accommodation, and more (Center on Budget and Policy Priorities, 2019). Furthermore, data in 2017 reflected a higher rate of college-education among recent immigrants than U.S. born citizens (MPI, 2019). Thus, reflecting the important economic and educational contributions of immigrants residing in the United States.

Still, psychological and ethnographic research reflects that immigrants endure post-migration mental health consequences resulting from loss of family and homeland, racial discrimination, and acculturative and identity stressors (Cariello et al., 2019; Carvalho et al., 2018; Cooper et al., 2009; Falicov, 2005; Giano et al., 2019; Miller et al., 2018; Pereira, 2019; Perez & Arnold-Berkovits, 2018; Svensson & Syed, 2019; Tikhonov et al., 2019). Thus, while their economic participation and population growth rate remains high, reflecting integration into U.S. society, there are post-migration variables with mental health consequences.

Currently, the U.S. administration has expanded construction of the wall on the U.S.-Mexican border, forcibly separated families and detained children, suspended the continuation of Deferred Action for Childhood Arrivals (DACA), attempted increasing restrictions on refugee and asylum resettlement requests, and banned the acceptance of residency and naturalization applications for individuals that have used or are judged to likely use government assistance programs (including SNAP, Medicaid, and housing assistance) (Cariello et al., 2019; Center on Budget and Policy Priorities, 2019; MPI, 2019). Anti-immigration policies that fuel systemic and cultural racism further complicate the negative effects of loss, discrimination, and acculturation and identity issues that immigrants residing in the U.S. bear (Cariello et al., 2019; Giano et al., 2019; Miller et al., 2018; Suárez-Orozco et al., 2018; Torres et al., 2018). Research demonstrates longstanding psychological impacts of anti-immigrant sentiment and policies on immigrants residing in the U.S. for long periods (Cariello et al., 2019; Giano et al., 2019; Miller et al., 2018; Suárez-Orozco et al., 2018; Torres et al., 2018). Thus, it is imperative to both understand and intervene to mitigate the daunting mental health consequences that long-term immigrants in the U.S. are suffering. Next, I will focus on loss in the post-migration immigrant

experience and demonstrate how loss can be exacerbated by discriminatory policies and experiences.

Loss: Family and Homeland Separation. Immigrants undergo complex experiences of loss of both family and homeland (Cooper et al., 2009; Falicov, 2005; Pereira, 2019; Perez & Arnold-Berkovits, 2018). These include separation from home and family deriving from the migration itself, and deportations of loved ones by governmental bodies (Cooper et al., 2009; Falicov, 2005; Giano et al., 2019; Miller et al., 2018; Pereira, 2019; Perez & Arnold-Berkovits, 2018; Suárez-Orozco et al., 2018). Loss resulting from migration is often ambiguous in nature as the experience is characterized by a physical loss of family, homeland, and culture with a remaining psychological attachment to these elements (Cooper et al., 2009; Falicov, 2005; Pereira, 2019; Perez & Arnold-Berkovits, 2018). For undocumented immigrants¹ or immigrants that fled violence in their country of origin, there is often no certain possibility of return. This creates ambiguity that further compounds the stress and mourning of the loss (Cooper et al., 2009; Falicov, 2005; Perez & Arnold-Berkovits, 2018).

Perez and Arnold-Berkovits (2018) defined “ambiguous loss of homeland (ALH)” (p. 91) as the psychological presence of the homeland after migration. The authors discussed the multiple factors lost in migration, including family, friends, home, familiarity, land, and culture. Consequently, many immigrants in Perez & Arnold-Berkovits’ (2018) study reported ambiguity about their decision to have migrated, their possibility of return, and their assimilation to the new culture. For undocumented immigrants, exiles, and asylum seekers, Perez and Arnold-Berkovits (2018) noted greater ambiguity around the possibility of return.

¹ Immigrants residing in the host country without legal immigration status or citizenship. To refrain from calling people “illegal,” “undocumented” is used instead.

Perez and Arnold-Berkovits (2018) conducted a qualitative analysis of interviews with adult Spanish-speaking immigrants. The authors' (Perez & Arnold-Berkovits, 2018) results revealed that research participants could fall under one of four categories: 1) higher levels of "relative satisfaction (RS)" with their homeland with higher levels of ALH, 2) lower levels of ALH with a minimal feeling of greater RS for their homeland, characterized by a "neither here nor there" (Perez & Arnold-Berkovits, 2018, p. 106) feeling, 3) higher levels of RS to the new country and lower levels of ALH, and 4) and both higher ALH and higher RS with the new country, often characterized by high levels of attachment to both. The findings speak to the complexity of immigrant experiences of attachment and loss to both home country and host country. Furthermore, it reflects that while a satisfaction with the host country can serve as a protective factor against higher ALH, it is not a guarantee and similar to grief, ALH may be a lifelong process that requires clinical support, particularly in host countries and communities where high levels of discrimination complicate RS with the host country (Perez & Arnold-Berkovits; 2018). Falicov (2002) also examined various factors contributing to a sense of loss in immigrant populations.

Similar to Perez and Arnold-Berkovits (2018), Falicov (2002) noted the ambiguity of loss immigrants experience when they leave their homeland and are disconnected from family, friends, cultural customs, and language. She linked the ambiguity to the perceived impermanence of the loss, as the lost factors still exist, but are not physically present. Contrarily, Falicov (2002; 2005) emphasized, more specifically, the impact of transnationalism – the sustainment of relationships to both the country of origin and the host country through phone calls, memories, gifts, visits, cultural customs, and more, on the ambiguity of the loss. The author suggested that maintaining a relationship to the host culture (e.g. through a continuing of cultural rituals and

traditions and/or “recreating cultural spaces” (Falicov, 2002, p. 276) through the creation of ethnic neighborhoods and businesses) can fortify immigrants against the stress of ambiguous loss (Falicov, 2002). Thus, Falicov (2002; 2005) explicitly identified vulnerability and protective factors for the loss immigrants face, thereby, providing more context than Perez and Arnold-Berkovits (2018).

Another impactful loss many immigrants suffer is family separation, either from family left behind in the home country or deportation (Giano et al., 2019; Miller et al., 2018; Suárez-Orozco et al., 2018). Miller et al. (2018), whose study included interviews with refugees that had migrated to the U.S. in the past 3 years, found family separation to be the principle distress among their participants. According to Miller et al. (2018), several factors comprised participants’ distress, including: unmet socioemotional needs due to absence of family, ambiguity towards the decision to relocate to the U.S., a sense of inability to disclose conflicting emotions surrounding migrating to family abroad, disconnection from family paralleling disconnection from culture, and “powerlessness” to help family members facing physical danger in their home countries (Miller et al., 2018). Therefore, results demonstrated separation extends beyond physical isolation from family members (Miller et al., 2018). It isolates migrants from their culture – as there is an absence of family to perform cultural rituals and practices – and from their social and emotional support systems, as relationships became strained due to distance and changing relational dynamics (Miller et al., 2018).

Furthermore, quantitative studies have linked family separation to higher rates of mental health issues (Miller et al., 2018; Suarez et al., 2011). One study, conducted with 400 immigrant youth, found longer separations of four plus years to negatively affect the reunion of family members and increase the participant’s levels of anxiety and depression (Suárez-Orozco et al.,

2011). In the quantitative portion of Miller et al.'s (2018) study, results indicated a statistically significant correlation between family separation and higher prevalence of depression, anxiety, and posttraumatic stress disorder symptoms, as well as a lower psychological quality of life.

When controlling for 26 other types of trauma exposure, the authors found only physical abuse to also affect all measures of mental health tested. Thus, suggesting family separation as one of the most significant traumas a human being can experience (Miller et al., 2018).

Within the past two decades, much of the trauma of family separation has been inflicted on migrants post-migration in and by the U.S. (Giano et al., 2019). Between 2000-2014, the U.S. detained 4.6 million undocumented immigrants (Giano et al., 2019). Along with family separations that occur in the migration process, research reflects a link between fear of and actual deportations of family members and higher rates of depression and anxiety (Giano et al., 2019; Suárez-Orozco et al., 2018; Torres, Santiago, Walts, & Richards, 2018). Thus, while Miller et al. (2018) and Suárez-Orozco et al. (2011) looked more generally at mental health consequences of family separation, Giano et al. (2019) discussed how varying levels of documentation status, detention, and deportation effect families differently.

Through a study conducted with Latino youth in the U.S., the authors (Giano et al., 2019) found higher reports of depressive symptoms amongst participants that had two undocumented parents, or worse, had a family member arrested and detained for immigration issues.

Interestingly, participants with documented parents reported lower depressive symptoms (Giano et al., 2019). However, the authors noted that the overall level of depression symptoms amongst all participants were high, suggesting the community wide impact of a detention and deportation climate on immigrant mental health with legal status having some protective factor (Giano et al., 2019).

Furthermore, research demonstrates the compounding effects of detention and deportation on factors other than mental health (Giano et al., 2019; Torres et al., 2018). Family separation by immigration enforcement leads to increased levels of poverty, greater mistrust of governmental institutions, academic performance, poorer physical health, and strained family relations (Giano et al., 2019; Torres et al., 2018). These factors in turn exacerbate deteriorating mental health consequences (Giano et al., 2019; Torres et al., 2018). The consequences of these detentions and deportations reflect the link between state-operated family separation and structural violence and discrimination against immigrants (Giano et al., 2019; Suárez-Orozco et al., 2011; Torres et al., 2018). These state policies and actions form part of a systemic marginalization that both constitutes and perpetuates the ravaging effects of social and political discrimination of immigrants (Suárez-Orozco et al., 2018). As will be discussed in the next section of this literature review, racial discrimination on the systemic level, executed through exclusionary policies and punitive treatment of immigrants, is mirrored in the public sphere (Suárez-Orozco et al., 2018). Due to the effects of discrimination on the long-term mental health of immigrants, it should be taken into consideration in the treatment of this population.

Racial Discrimination. Discrimination is committed against immigrants in laws, policies, stereotyping, macroaggressions, and microaggressions (Suárez-Orozco et al., 2018; Torres et al., 2018). Negative media portrayal and the enactment of anti-immigrant state policies is linked to a rise in hate crimes (Suárez-Orozco et al., 2018). As research reflects, “changes in the anti-immigrant political climate in the United States are linked to immigrant family members’ (including children’s) increased experiences of discrimination, deep fears of deportation, and economic insecurity” (Suárez-Orozco et al., 2018, p. 787).

Several studies demonstrate how discrimination impacts poverty levels, physical well-being, acculturative stress, academic performance, family relations, and psychological well-being (Suárez-Orozco et al., 2018; Torres et al., 2018). Furthermore, “perceived discrimination” over a long period of time spent residing in the U.S. has been linked to higher levels of anxiety and depression (Torres et al., 2018). Thus, the more time spent living in the U.S. under discriminatory environments has a continuously deteriorating effect on immigrants’ mental health (Torres et al., 2018).

Additionally, systemic discrimination perpetuates poverty as it confines immigrants, particularly those with undocumented status, to limited workforce opportunities, inaccessibility to social services and support, and fear and distrust of governmental organizations, further limiting their use of community resources (Torres et al., 2018). Apart from the isolating effects of poverty, chronic poverty has been linked to worsening “depression, low self-esteem, loneliness, and delinquency/ drug use among youth” (Torres et al., 2018, p. 848). Therefore, reflecting the compounding negative consequences of discrimination, poverty, and marginalization on the mental health of immigrants residing in the U.S. (Torres et al., 2018).

Important to note as well, are the racial nuances of anti-immigrant discrimination (Frank, Akresh, & Bo Lu, 2010; Suárez-Orozco et al., 2018; Tummala-Narra, 2019). Factors that affect the level of discrimination an immigrant experiences are skin color (Frank et al., 2010; Tummala-Narra, 2019), education level, authorized status, socioeconomic level, and language abilities (Suárez-Orozco et al., 2018). Additionally, the detention of undocumented immigrants and asylum-seekers at the U.S.-Mexico border, and the travel ban on primarily Muslim countries, reflects how U.S. policies directly target poor, immigrants of color (Torres et al., 2018; Tummala-Narra, 2019). In a country where systemic and social racial discrimination against

people of color exists amongst native-born citizens as well, non-European immigrants are inherently more vulnerable to negative media portrayal and discriminatory and racist acts (Tummala-Narra, 2019).

Furthermore, there are intergenerational consequences of discriminatory policies and actions (Suárez-Orozco et al., 2018; Torres et al., 2018). Children of undocumented immigrants suffer the fear and consequences of the constant threat of detention and deportation (Suárez-Orozco et al., 2018; Torres et al., 2018). Research suggests:

Growing up in a mixed-status home as a U.S.-born citizen child with an unauthorized parent is associated with a number of developmental and educational vulnerabilities... this status is also associated with both higher internalizing (depression, anxiety, withdrawal) and externalizing (aggressive and acting out) behavioral problems (Suárez-Orozco et al., 2018, p. 789).

Therefore, reflecting the expansive effects of racial discrimination on the well-being of entire communities.

For second-generation immigrants of color, citizenship and native language and cultural knowledge are not always protective factors, as their visibility as minorities means “the risk of being treated as “perpetual foreigners”” (Suárez-Orozco et al., 2018, p. 791; Tummala-Narra, 2019). And, as will be examined later, when systemic and social discrimination are integrated into the lived experiences of immigrants, acculturative stress worsens (Tummala-Narra, 2019). However, as further discussed in the following section, certain acculturative factors can benefit the psychological well-being of immigrants and their children residing in the U.S. for extended periods (Cariello et al., 2019; Dow, 2011; Sam & Berry, 2010; Tikhonov, 2019).

Acculturation and Identity. Acculturation is defined by Sam and Berry (2010) as, “the process of cultural and psychological change that results following meeting between cultures” (p. 472). It is characterized by consistent contact between the cultures, as well as multiple acculturation levels, including: 1) separation from the host culture, strongly aligning themselves with the home culture, 2) strong alignment with the host culture, fully assimilating and thereby discarding the home culture, 3) separation from both the host and home culture, characterized as marginalization, or 4) integration of both the host and home culture into their identity (Berry & Sam, 2010).

Acculturative stress is defined as, “the challenges experienced throughout the adjustment to or integration into a new host culture” (Cariello et al., 2019, p. 2). Ample research has linked acculturative stress to various psychological and mental health issues (Sam & Berry, 2010), such as depression, identity issues, suicidal ideation, anxiety, substance use, marital problems, and lower self-esteem (Cariello et al., 2019; Dow, 2011; Negy et al., 2009; Tikhonov et al., 2019). It can thus be assumed that factors complicating the acculturation process cause acculturative stress and impair psychological well-being.

Discrimination forms a substantive part of acculturative stress and is linked to similar mental health consequences (Cariello et al., 2019; Sam & Berry, 2010). One study found that “underestimated” preconceived notions on the prevalence of lived racism and discrimination in the U.S. significantly increased acculturative stress (Negy et al., 2009). As discrimination creates more challenges in the post-emigrational experiences of immigrants in the U.S., it plays a large role in the psychological distress that arises from acculturative stress (Cariello et al., 2019; Negy et al., 2009; Sam & Berry, 2010).

Furthermore, research suggests discrimination influences the type of acculturation immigrants adopt, “with those experiencing high discrimination more likely to prefer separation, whereas those experiencing less discrimination prefer integration or assimilation” (Sam & Berry, 2010, p. 479). When research suggests “integration” is the most protective and adaptive acculturation style against the effects of acculturative stress (Dow, 2011; Tikhonov, 2019) and discrimination influences the adoption of more vulnerable acculturation types (Sam & Berry, 2010), it seems imperative to implement anti-discriminatory, accepting policies, practices, and community resources to counteract and change anti-immigration sentiment and discrimination.

More specifically, there is research to suggest that maintaining the identity of the home culture (Cariello et al., 2019) or having a bicultural identity with harmony between the two cultures (Tikhonov, 2019) supports positive mental health outcomes (Cariello et al., 2019; Tikhonov, 2019). And while there is some conflicting evidence, generally research suggests “integration” or bicultural identities have healthier mental health outcomes than individuals with a more exclusive affiliation with the home culture (Tikhonov, 2019). Therefore, it is essential to welcome immigrants’ cultures, as well as encourage and support the sustainment of their ethnic cultural practices.

Additionally, “biculturalism²” can support identity conflicts resulting from the navigation and adaptation of the new culture in the acculturation process (Christmas & Barker, 2014; Henry, Stiles, & Biran, 2005; Sam & Berry, 2010; Tikhonov et al., 2019). Bicultural individuals can create space for both identities in their lives and view themselves as belonging to more than one culture (Sam & Berry, 2010). They do not experience the loss and stress of a cultural identity to the same degree as those that completely deny or align themselves with the home culture (Henry

² The integration of both the home culture and host culture into one’s identity (Tikhonov et al., 2019)

et al., 2005). Finally, bicultural individuals are often more equipped at navigating cross-cultural conflicts between the home and host society (Christmas & Barker, 2014).

However, the capacity to develop a harmonious bicultural identity is largely influenced by the attitudes of the host culture (Sam & Berry, 2010). As mentioned above, the mental health effects of discrimination are extensive and pervasive (Cariello et al., 2019; Dow, 2011; Negy et al., 201; Sam & Berry, 2010; Tikhonov et al., 2019). The effects amplify the experience of acculturative stress, psychological distress, and marginalization (Cariello et al., 2019; Negy et al., 2009), consequently, derailing the potential of adopting a healthy acculturation strategy (Sam & Berry, 2010). Moreover, research reflects that the impacts of a hostile receiving environment extend even into future generations particularly for immigrants of color (Suárez-Orozco et al., 2018; Tummala-Narra, 2019). Therefore, the clinical response to immigration needs to be one that supports individuals' integration of their ethnic identity into U.S. culture, connects immigrants to important community resources, and highlights and reinforces support systems. And as research reflects the impact of discriminatory policies (Cariello et al., 2019; Giano et al., 2019; Miller et al., 2018; Suárez-Orozco et al., 2018; Torres et al., 2018) and experiences (Cariello et al., 2019; Dow, 2011; Negy et al., 201; Sam & Berry, 2010; Tikhonov et al., 2019) on the acculturative stress and psychological well-being of immigrants, clinicians must also find ways to advocate for their immigrant clients and combat anti-immigration policies. The following section discusses aspects of dance/movement therapy that present a case for further research into the effectiveness of dance/movement therapy in mitigating the mental health effects of loss, discrimination, and acculturative stress.

Dance/Movement Therapy

Historical Background. According to the American Dance Therapy Association (ADTA), dance/movement therapy (DMT) is “the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being” (ADTA, 2020). Dance/movement therapy uses creative movement as a tool to create community and facilitate self-expression (Chaiklin, 2015). It promotes dance and movement as mediums of expression for memories, trauma, and emotions that may be difficult to express verbally (Chaiklin, 2015). Additionally, it recognizes that the body reflects and influences mental states and therefore, aims to uncover and transform emotional, behavioral, and relational patterns through a body-oriented lens (Chaiklin, 2015).

Pylvänäinen (2008) presented dance/movement therapy as a tool for fostering emotional expression and connection to self. Through strengthening awareness of the body’s sensations and emotions and utilizing movement as expressive communication, dance/movement therapy promotes self-exploration and expression. In a group setting, the expression becomes interpersonal, as well as intrapersonal (Pylvänäinen, 2008). As such, it provides a space of cross-cultural relational sharing and community building. Pylvänäinen (2008) encapsulated this effect when she stated:

In a safe and respectful space such as DMT, an encounter between individuals of different cultural backgrounds can create a place for exploring such human themes as alienation, individual and group identity, ethnic projections, Otherness, and cultural idealization (Chang, 2006). These themes are part of human existence in any culture, so they take us to the place of trans-cultural and common humanity (p. 34).

Furthermore, several researchers suggest that through the use of movement as metaphor, embodiment of self, and reconnection to dance and movement from cultural origins, DMT can be

used to promote resilience and combat oppression (Bareka, Panhofer, & Rodriguez Cigaran, 2019; Cantrick, Anderson, Leighton, & Warning, 2018; Harris, 2019; Rahapsari & Hill, 2019; Verreault, 2017). To develop and apply effective dance/movement therapy interventions, it is first necessary to examine how dance/movement therapy has been used to treat recently-arrived traumatized refugees and individuals in broader cross-cultural contexts. Additionally, it is important to identify what therapeutic outcomes of dance/movement therapy can support the loss, racial discrimination, and acculturative stress that long-term immigrants in the U.S. experience. Ultimately, for the purpose of developing a comprehensive, strengths-based empowerment model that can effectively support the mental health needs of long-term immigrants in the United States.

Multicultural and Anti-Oppressive DMT. Cantrick et al. (2018) and Campbell (2019) identified the body as the site of oppression. It holds visible targets, like skin color, facial features, clothing, gender expression (Cantrick et al., 2018; Campbell; 2019) and invisible targets like language and documentation status, subject to exposure in various contexts (Roberts, 2016). The body experiences symptoms of oppression, as it is directly targeted through micro and macro-aggressions and consequently, becomes predisposed to multiple physical and mental health issues (Campbell; 2019).

Through their insidious nature, the relational dynamics of power and oppression seep from the political to the personal (Kawano & Chang, 2019). As Kawano and Chang (2019) highlighted:

In front of, and defending the political-economic structure that determines our lives and defines the context of human relationships, there is the micropolitical structure that helps

maintain it. This micropolitical structure is the substance of our everyday experience (Henley, 1977, pp. 2–3) (as sourced from Kawano & Chang, p. 7).

As such, therapists are not immune to individual reenactment of power and oppression in the therapeutic relationship with clients holding marginalized identities (Kawano & Chang, 2019). Therefore, therapists carry the responsibility of doing the individual work to uncover and dismantle their own discriminatory biases and practices that may implicitly mirror and enable oppressive sociopolitical structures.

Dance/Movement Therapy, though currently dominated by Eurocentric, white-dominant theories and practices, holds the potential to assist both therapist and client in challenging oppressive narratives influencing thought and behavior and refocus to work from a strengths-based, empowerment model (Cantrick et al., 2018; Kawano & Chang, 2019; McCarthy-Brown & Carter, 2019; Mignosi, 2019). DMT can be used to build awareness of how power and oppression are communicated and experienced in the body, amongst both therapist and client (Cantrick et al., 2018). It can create a space to develop new nonverbal, intercultural relations sourced from egalitarian and liberating practices (Cantrick et al., 2018). Furthermore, research suggests that oppression can cause dissociation, constriction, and feelings of isolation in the body (Cantrick et al., 2018). As highlighted by Cantrick et al. (2018), DMT often works to develop more contact with and awareness of the body. By increasing range of movement and building connections through the body, DMT can potentially mitigate the effects of oppression (Cantrick et al., 2018).

Additionally, DMT promotes skills of embodiment and self-awareness that can equip clients with the ability to increase emotional tolerance, awareness, and regulation, and to develop their own identities and narratives from their felt experiences (Cantrick et al., 2018; Roberts,

2016). Embodiment is the ability to be present to and aware of the body's shifting sensations and feelings (Roberts, 2016). It is the opposite of dissociation and thus, promotes attention to the felt experiences of one's own life that can become part of a reclaiming and reshaping of the experience of self and identity (Roberts, 2016). As Roberts (2016) noted, "DMT might serve as a vehicle to empower clients to own their experience and exercise choice rather than unduly limit how they feel and present themselves in the world" (p. 77). Therefore, through its philosophy and practice of incorporating the body into the therapeutic process, DMT can offer various therapeutic outcomes that can empower individuals experiencing oppression. However, there is limited research that supports the use of DMT in a post-migration context with long-term immigrants. Thus, in the next portion of the literature review I will first explore the more expansive expressive arts therapy research with immigrants, and return afterwards to discuss existing DMT literature with this population.

Expressive Arts Therapies with Migrants. The expressive arts therapies can provide nonverbal forms of communicating personal and collective narratives, insights into the experiences of immigrants, reductions in psychological distress, improvements in self-esteem, increased ability to emotionally regulate, and mediums from which to build community from (Bagley & Castro-Salazar, 2012; Linesch, Aceves, Quezada, Trochez, & Zuniga, 2012; Moneta & Rousseau, 2008; Rousseau, Lacroix, Bagilishya, & Heusch, 2003; Rubesin, 2016; Ugurlu, Akca, & Acarturk, 2016). The expressive arts therapies offer strengths-based models to guide the work with immigrant populations in developing narratives of resilience to increase social consciousness, self-esteem, sense of autonomy, and community (Bagley & Castro-Salazar, 2012; Rubesin, 2016). Furthermore, the expressive arts use nonverbal communication to reduce

barriers in verbal expression and enhance creative self-expression (Bagley & Castro-Salazar, 2012; Linesch et al., 2012; Moneta & Rousseau, 2008; Rubesin, 2016).

Rubesin (2016) highlighted the need for a strengths-based focus in the treatment of immigrants and refugees. The author discussed the link between a “deficit-based” focus of Western researchers and practitioners on the experience of immigrants and the negative outcomes on both immigrant health and public image (Rubesin, 2016). Through an empowerment focused arts-based program, Rubesin (2016) created a space for immigrants and refugees to construct their own stories to share and confront pervasive, negative perceptions of immigrants. Rubesin’s (2016) qualitative results revealed that many attendees of the public art show displaying the work of immigrants participating in the study learned something, gained an emotional understanding of immigrant experiences, and felt more empathy for the challenges immigrants experience. While Rubesin’s (2016) study worked with “newcomer immigrants,” it reflects the capacity of arts therapies to empower immigrants. The arts provided them with the tools and mediums to recreate their own narratives and identities in artistic forms that can transcend and change the social consciousness of the public (Rubesin, 2016).

Similarly, Bagley and Castro-Salazar (2012) situated the arts as a vehicle for bringing light and empowerment to the voices of marginalized people. The authors argued that the arts can emotionally evoke performers, artists, and audiences into new paradigms of critical thinking and action (Bagley & Castro-Salazar, 2012). Bagley and Castro-Salazar (2012) conducted critical arts-based research using emergent themes from in-depth life history interviews with undocumented immigrants to produce a small community theater show. Post-performance feedback reflected that performers, interviewees, and audiences alike were able to construct a

collective identity around the experiences of undocumented immigrants artistically presented at the performance show (Bagley & Castro-Salazar, 2012).

For the immigrants that participated in the research, witnessing the performance of their stories created feelings of community and visibility, with one participant stating, “I could see myself in the painting...The image kinda said it all about how we feel and how we live” (Bagley & Castro-Salazar, 2012, p. 128). Bagley and Castro-Salazar’s (2012) critical arts-based research demonstrated how the arts can be powerful mediums of expression, exploration, and relationship-building in the therapeutic process. Finally, the authors reflected the power of artistic engagement with wider audiences to provoke emotional reactions capable of inducing action, change, and community (Bagley & Castro-Salazar, 2012).

Moneta and Rousseau (2008) and Ugurlu et al. (2016) discussed the psychological benefits of the expressive arts therapies through an investigation of the effects of emotional regulation. Moneta and Rousseau (2008) presented drama therapy as a medium that offers the opportunity to identify and make meaning out of emotional experiences through play, storytelling, and role-playing. Moneta and Rousseau (2008) explained that through the use of metaphor, drama therapy created a space for participants to express and discover resolutions for difficult emotions and experiences (Moneta & Rousseau, 2008). Thus, enhancing the participants emotional awareness and regulation (Moneta & Rousseau, 2008).

Ugurlu et al. (2016) studied the effects of a five-day art therapy program on the trauma, depressive, and anxiety symptoms in Syrian refugee children. The authors (Ugurlu et al., 2016) found statistically significant reductions in trauma and depressive symptoms, however, reductions in anxiety symptoms that were not statistically significant. While this study was not directly focused on the effects of emotional regulation, the authors (Ugurlu et al., 2016) found

that art therapy helped participants better understand their feelings and problems. Additionally, art therapy offered a space to practice emotional regulation, and consequently, increased the children's sense of control over their own emotions (Ugurlu et al., 2016).

Moreover, the study incorporated dance/movement therapy to achieve many of the skill-building goals identified in the intervention (Ugurlu et al., 2016). The authors (Ugurlu et al., 2016) state that:

Dance-movement therapy sessions include learning body check and achieving to be here and know, increasing self-awareness, learning regulation, stimulating feeling, relaxation, and grounding, reestablishing a sense of hope, setting boundaries, playfulness, encouraging self-discovery, developing healthy social interactions and having fun (p. 93-94).

As the interventions highlight, many of the skills taught reflect emotional regulation, and thus, it seems the regulatory benefits of this program may be attributable to dance/movement therapy.

Linesch et al. (2012) used art to work with immigrant families (mothers, fathers, and adolescents) on post-migration narratives and factors, such as acculturation, conflicting cultural values, cultural tensions at home, and identity making. Emergent themes in the art pieces included the significance of religion affiliation, emotional and psychological distress, and conflictual emotions regarding returning home (Linesch et al., 2012). The art proved to generate a community among the participants, providing them with a sense of "universality and recognition of their often-suppressed experiences" (Linesch et al., 2012, p. 125). Additionally, the art was a portal for verbal expression, demonstrated through the authors' (Linesch et al., 2012) statement that "the enthusiasm they had for discussing the art as a new way to depict their

experiences suggested that the potential to use imagery to express feelings was of value for all three groups” (p. 125).

As Linesch et al.’s (2012) research demonstrated, the arts provide a different, safer mode of communication and offer an object from which to verbally express. The arts therapies have the potential to uncover additional information on the experiences of acculturating immigrants (Linesch et al., 2012). In this particular study, it revealed some of the challenges immigrant families face, as well as their coping resources and strengths (Linesch et al., 2012).

Overall, the aforementioned studies highlight the capacity of the expressive arts therapies to support and treat immigrant populations. Through the use of nonverbal communication, creative expression, and artistic story-telling, expressive therapy directives reduced psychological distress (Ugurlu, et al., 2016), facilitate verbal and nonverbal expression (Linesch et al., 2012), built emotional regulation skills (Moneta & Rousseau, 2008; Ugurlu, et al., 2016), and created community (Bagley & Castro-Salazar, 2012; Rubesin, 2016). However, dance/movement therapy is largely absent from the aforementioned studies. Therefore, the following section will demonstrate how dance/movement therapy has many of the same strengths and capacities to achieve similar benefits that support immigrants.

Dance/Movement Therapy with Migrants. Dance/movement therapy can facilitate nonverbal communication, enhance resilience and strengths-based factors, utilize and adapt to cross-cultural values, increase body awareness, promote the symbolization and integration of trauma, and support the acculturation process for immigrants (Callaghan, 1998; de Valenzuela, 2014; Harris, 2007; Koch & Weidinger-von der Recke, 2009; Rahapsari & Hill, 2019; Verreault, 2017). Through the use of ritual, movement metaphors, relaxation and grounding techniques, and the use of culturally relevant creative expression, DMT can support both the trauma and

acculturative stress that migrant populations face (Callaghan, 1998; de Valenzuela, 2014; Harris, 2007; Koch & Weidinger-von der Recke, 2009; Rahapsari & Hill, 2019; Verreault, 2017).

Furthermore, DMT groups provide a space for a sense of community and safety (de Valenzuela, 2014; Harris, 2007; Koch & Weidinger-von der Recke, 2009; Verreault, 2017).

Koch and Weidinger-von der Recke (2009) discussed case studies in REFUGIO, a treatment center for traumatized refugees in Munich, Germany, to investigate the effectiveness of integrating verbal and nonverbal therapies with traumatized refugees. The authors described three cases to illustrate the utility of movement therapy interventions in promoting “stabilization, confrontation, and integration” of trauma (Koch and Weidinger-von der Recke, 2009, p. 292). Throughout the analysis of the case studies, the authors identified movement and touch as mediums for identifying emotional shifts and creating community amongst group members (Koch and Weidinger-von der Recke, 2009). Additionally, Koch and Weidinger-von der Recke (2009) invited culturally relevant movements into the sessions to promote stabilization and establish a reconnection to the culture of origin, thereby fortifying participants’ cultural identity.

Similarly, Verreault (2017) and Harris (2007) used DMT to work with traumatized refugees and asylum seekers however, with an intentional resilience and strengths-based focus. Verreault (2017) incorporated four DMT sessions to accompany a resilience focused program in place. The author’s interventions were focused on enhancing kinesthetic empathy, body awareness and regulation, creative movement metaphors and symbols, and ritualized movement structures (Verreault, 2017). Through an analysis of the movement sessions and post-group discussions, Verreault (2017) identified several themes regarding the effects of the DMT sessions. Amongst the themes, were increased sense of safety, body awareness, sense of community, shared experienced of pleasure and joy, self-regulation, presence, and connection to

cultural rituals and expression (Verreault; 2017). Thus, Verreault's (2017) study found that "DMT can complement a resilience-oriented framework, provide group support, create a safe space and promote resource building for asylum seekers and refugees" (p. 131).

Harris (2007) emphasized using culturally relevant DMT interventions to strengthen resilience in traumatized refugees. The DMT program Harris (2007) implemented with Sudanese refugee youth was intentionally founded on the cultural values of Sudan. Harris used ceremonial Sudanese dances to meet the group goals of, "“(1) desomatizing memory, (2) nurturing experiences of mindfulness, (3) enabling meaningful experiences for the contained discharge of anxiety and aggression, and (4) unleashing the pleasure of creativity, and thereby freeing participants to symbolize their traumatic losses and future hopes” (Harris; 2007; p. 141). The author found that the sessions facilitated a reconnection to the participants' cultural strengths that in turn, strengthened their resiliency and supported the acculturation process. Harris (2007) supported this claim with an example of an emerging trend within the sessions. As the groups progressed, female participants began to establish their roles as drummers, uncharacteristic of traditional gender roles in Sudanese culture (Harris, 2007). Thus, the DMT sessions fostered a space for participants to acculturate, reflected in their increased flexibility of gender roles, and maintain a connection to the culture of origin (Harris, 2007). Thereby, strengthening their own cultural “protective factors” that can aid them in their own acculturation process in the host country (Harris, 2007).

Koch and Weidinger-von der Recke (2009), Verreault (2017), and Harris (2007) demonstrated the potential of DMT to effectively support and treat traumatized refugees. The authors highlighted the benefits of DMT with this population, revealing evidence for increased body awareness, community, and resilience (Koch and Weidinger-von der Recke, 2009;

Verreault, 2017; Harris, 2007). However, the authors primarily worked with mitigating the effects of trauma (Koch and Weidinger-von der Recke, 2009; Verreault, 2017; Harris, 2007). Harris (2007) revealed the alleviating effects of DMT on the acculturation process but did not delve into other post migration stressors. Contrarily, de Valenzuela (2014) directly focused on post migration challenges immigrants face.

De Valenzuela (2014) specifically identified cultural values, strengths, and challenges of Hispanic immigrant mothers and positions DMT as a therapeutic intervention that can address the bodily responses of acculturative stress, model culturally relevant values, and incorporate movement explorations of the immigration process, community, empowerment, and cultural values. The author presented specific DMT interventions to weave into the therapeutic process including body relaxation techniques, movement rituals, and movement sequences to reflect cultural values. For example, for incorporating identified Hispanic values of “familism, personalismo, and respeto” (p. 108), de Valenzuela (2014) suggests:

Simple interventions can be introduced that allow the group members to express these values through simple gestures and movements. After this process, creating a short movement sequence of these movements of no more than 3 minutes representing each of these values— familism, personalism and respeto—is a creative process that supports both empowerment and connection to their values and to one another (p. 108).

Thereby, demonstrating how DMT sessions can be adapted culturally to develop a strengths-based practice that empowers the client through their own cultural values (de Valenzuela, 2014).

Nonetheless, de Valenzuela’s (2014) interventions are proposals and therefore, can only demonstrate the potential capacity of DMT in supporting immigrants’ post migration stressors. Quantitative and qualitative evidence of DMT with long-term immigrants encountering loss,

discrimination, and acculturation stress is needed to assert the effectiveness of DMT with this population. While the literature discussed reflects benefits of DMT that are applicable to treating the long-term impacts of immigration, there is a demonstrable gap in research, and therefore a lack of evidence.

Discussion

This literature review aimed to identify the most salient mental health challenges in the post-migration experiences of immigrants residing in the U.S. for long periods and to evaluate the potential effectiveness of dance/movement therapy to mitigate those challenges. I delved into the literature on immigrant experiences of loss of homeland and family, racial discrimination, identity and acculturative stress to demonstrate the severity, context, and connection amongst these themes. Later, I examined expressive arts therapy and dance/movement therapy literature to identify aspects of dance/movement therapy that may serve to support the mental health needs of long-term immigrants in the U.S. I found that while most of the DMT literature does not directly focus on the long-term mental health needs of immigrants, research reflects DMT's capacity to culturally adapt, enhance resilience, build community, provide emotional and physiological regulation, and offer safer, non-verbal modes of communication (Callaghan, 1998; de Valenzuela, 2014; Harris, 2007; Koch & Weidinger-von der Recke, 2009; Rahapsari & Hill, 2019; Verreault, 2017; Ugurlu et al., 2016). Thus, suggesting DMT may be an effective therapy for treating the mental health consequences of loss, discrimination, and identity and acculturative stress that long-term immigrants endure.

Research on loss of homeland and family suggests sustaining connections to the culture of origin serves as a protective factor (Falicov, 2002). Miller et al. (2018) investigated how the distress of loss is largely attributable to the absence and separation from family. Ample research

indicates that separation from family leads to higher levels of depression, anxiety, and other mental health issues (Giano, 2019; Miller et al., 2018; Suárez-Orozco et al., 2011; Suárez-Orozco et al., 2018; Torres et al., 2018). What happens when those separations are caused by the host country's government?

Anti-immigration policies and media representation are linked to increased acts of discrimination in the public sphere (Suárez-Orozco et al., 2018; Torres et al., 2018). Increased experiences of discrimination are linked to higher rates of depression and anxiety, as well as a lower quality of life, with impacts on financial status, family dynamics, and acculturative stress (Suárez-Orozco et al., 2018; Torres et al., 2018). Moreover, anxiety and depression levels seemed to worsen with more time spent in the U.S. (Torres et al., 2018).

Discrimination complicates the acculturation process, causing increased levels of acculturative stress (Cariello et al., 2019; Negy et al., 2009; Sam & Berry, 2010). Higher levels of acculturative stress are linked to higher levels of mental health challenges (Cariello et al., 2019; Dow, 2011; Negy et al., 201; Sam & Berry, 2010; Tikhonov et al., 2019). Additionally, research suggests bicultural acculturation types mitigate acculturative stress (Cariello et al., 2019; Sam & Berry, 2010; Tikhonov, 2019), yet discrimination can influence the adoption of acculturation types that increase vulnerability to acculturative stress and mental health consequences (Sam & Berry, 2010). Thus, research on loss, discrimination, and identity and acculturation overwhelmingly points to the powerful role of discrimination, family unity, and sustained connections to cultural origins in the long-term mental health outcomes for immigrants in the U.S.

There is a dearth of dance/movement therapy research investigating the use of DMT to treat the long-term mental health effects that immigrants endure. However, there is research to

suggest that DMT, through interventions that build body awareness and promote resilience and strengths-based foci, can help mitigate the effects of discrimination and oppression (Cantrick et al., 2018; Roberts, 2016). Moreover, research suggests the effectiveness of DMT to build awareness, community, and resilience with recently-arrived migrants through culturally relevant interventions (Koch and Weidinger-von der Recke, 2009; Verreault, 2017; Harris, 2007).

Aforementioned research on long-term immigrant mental health highlights the importance of alleviating the effects of discrimination and strengthening connections to the home culture are highly important. Therefore, research reflecting DMT's capacity to mitigate the impacts of discrimination and offer modes of reconnecting to strengths and values of the home culture suggest DMT may be an effective therapy for long-term immigrants. As such, it is critical to conduct research to determine and demonstrate DMT's effectiveness.

Research reflects discriminatory policies both worsen mental health outcomes of immigrants (Giano et al., 2018; Suárez-Orozco et al., 2018; Torres et al., 2018) and heighten the climate of public discrimination (Suárez-Orozco et al., 2018; Torres et al., 2018). Therefore, therapists must also work to develop awareness of and combat anti-immigration policies and views. Both Bagley and Castro-Salazar (2012) and Rubesin (2016) demonstrated how to affect public views on immigration through their arts-based research and programs. The authors used the arts to humanize and reflect immigrant experiences to wider audiences, through the voices of their participants (Bagley & Castro-Salazar, 2012; Rubesin, 2016). In both cases, the response of the public reflected deeper understanding and empathy (Bagley & Castro-Salazar, 2012; Rubesin, 2016). Furthermore, public sharing of the art seemed to evoke community, visibility, and empowerment amongst the immigrant participants of the projects (Bagley & Castro-Salazar, 2012; Rubesin, 2016). Thus, demonstrating how the arts-based programs had both social and

therapeutic effects that seemed to mitigate the mental health consequences of anti-immigration policies and actions.

Therefore, dance/movement therapists must conduct research to continue developing evidence for the effectiveness of dance/movement therapy in supporting and treating the long-term mental health effects of immigrants in the U.S. Furthermore, as research demonstrates the mental health consequences of anti-immigration policies and actions (Giano, 2019; Sam & Berry, 2010; Suárez-Orozco et al., 2018; Torres et al., 2018), dance/movement therapists are tasked with the responsibility to utilize arts-based research and projects to combat the current anti-immigration climate. It is not enough to alleviate the consequences caused by wider, systemic issues. To truly empower and treat the mental health of long-term immigrants in the U.S., dance/movement therapists must conduct research with long-term immigrants, advocate for immigrant clients, and fight to change public consciousness on immigration issues.

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THESIS APPROVAL FORM

Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Dance/Movement Therapy, MA

Student's Name: _____ Sabrina Mijares

Type of Project: Thesis

Title: _____ Mitigating Loss, Discrimination, and Acculturation: Supporting Long-Term
Immigrants through Dance/Movement Therapy, A Literature Review _____

Date of Graduation: _____ May 5, 2020 _____

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: _____ Dr Tamar Hadar, MT-BC _____