

**THE EFFECT OF DOCUDRAMA FILMS ON PSYCHOLOGICAL DISTRESS
AMONG URBAN WOMEN REFUGEES IN NAIROBI COUNTY, KENYA.**

BY

ELIUD K. SITUMA

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DECLARATION

I declare that this Thesis is my original work and has not been submitted to any other higher institution of learning for academic credit

Signed

Date

Eliud K Situma (B.Ed , M.A, MBA)
M88/10932/2008

Supervisors

This thesis has been submitted for review with our approval as university supervisors

Signature

Date

Dr. John Mugubi
(Department of Film and Theatre Arts, Kenyatta University)

Signature

Date

Dr Christine Wasanga
(Department of Psychology, Kenyatta University)

DEDICATION

This research is dedicated to my family. You have been a pillar to my success.

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ABSTRACT

The study sought to investigate how docudrama film could be used as a psychotherapeutic tool among traumatized women refugees. The objectives of the study were: to establish the levels of psychological distress, establish whether cinematic techniques affect psychological distress, and investigate the effectiveness of docudrama films on the levels of psychological distress among urban women refugees. The study employed mixed method research design which covered both qualitative and quantitative approaches. A population of 48 participants was purposively sampled for this study. Participatory action approach, observation and Interview methods were used in data collection. The study used questionnaires, psychological distress scale, Beck's depression inventory, interview guide, observation guide and content analysis guide as research instruments. Paired T-test was conducted in order to establish the significance of relationship between the two groups. The major findings resulting from the analysis show that cinematic techniques and enactment greatly play a role in reducing psychological distress levels as well depression. Also, the study establishes that docudrama films help to reduce both psychological distress and depression levels among female refugees. Consequently, the study concludes that protagonists, if portrayed positively, help the viewers recover from their psychological distress and depression. It also concludes that cinematography techniques hold healing and therapeutic value if utilized in psychosocial supportive environment. In its recommendations, the study points towards further research on using docudrama film on male refugees and use of other genre of films, besides docudrama, as a therapeutic tool on traumatized groups. The study also recommends use of comparative analysis to determine how film impacts differently on other groups of refugees like Somalis and those who stay in camps. On the industry, it further recommends film to be used together with other traditional methods in helping recover traumatized refugees. Finally, it recommends that film makers and institutions offering film studies should train their students' crew on the correct choice of cinematography when making docudramas meant for therapeutic use.

ABBREVIATIONS AND ACRONYMS

EMDR	Eye Movement Desensitization and Reprocessing
FGD	Focus Group Discussion
UNHCR	United Nations High Commissioner for Refugees
PTSD	Post Traumatic Stress Disorder
NACOSTI	National Commission for Science, Technology and Innovation

DEFINITIONS OF KEY TERMS

Attitude change - Change in behaviour based on consequences. The alteration in the strength or content of an attitude.

Docudrama - Is a genre of film which features dramatized re-enactments of actual events.

Perception - The way we think about or understand someone or something.

Psychotherapy - The treatment of a behaviour disorders, mental illness, or any other condition by psychological means.

Psychotherapeutic - The treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being relief of symptoms, changes in behaviour leading to improved social and vocational functioning, and personality growth.

Psychotherapeutic tool - Assortment of techniques focusing on assisting the client in having a healthier mental and emotional life.

Refugee - A person who flees to a foreign country or power to escape danger or persecution.

Trauma - An emotional response to a terrible event like an accident, rape or natural disaster.

Traumatic experience - Emotional and psychological trauma as a result of extraordinary stressful events that shatters one's sense of security making one feel helpless and vulnerable in a dangerous environment.

Trauma treatment - Strategies and support that can speed up a client's recovery.

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CHAPTER ONE: INTRODUCTION

1.0 Background to the Study

Docudrama has been used in many instances by therapists to aid in the psychotherapy process (Delbuno, Kuriansky, Ortman, & Vallarelli, 2010). According to Delbuno et al. (2010), therapeutic use of memoirs and films served as sources of support, education and comfort for traumatised persons. Many family members noted that hearing other families' stories made them feel less alone and helped them develop empathy for their traumatized persons (Galanter & Kleber, 2011). Galanter and Kleber (2011) further noted that victims of trauma were moved by and derived hope and optimism from hearing stories of people who had successfully learned to overcome trauma.

The second instance through which docudrama was used in the process of psychotherapy is documented in the edited version of *Cinemaducation: A comprehensive guide to using film in medical education* (Bogic, Njoku & Priebe, 2015). In this book, the writers illustrate how movies allow us to briefly inhabit a conscious dream state, one that is populated by larger-than life figures engaged in human comedy and drama. They also indicate that films provide viewers with profound insight.

According to a 2015 report from the United Nations High Commissioner for Refugees (UNHCR), as by the end of 2014, 65.3 million people around the world were driven from their homes by armed conflict, persecution, natural disasters or other causes.

Women refugees experience multiple forms of disadvantages, including long term physical and psychological problems (Casey, Duell, Maloney & Pienning, 2013). Review of prevalence studies (Bogic *et al*, 2015; Danesh, Fazel & Wheeler, 2005), showed that a huge range of reported mental health disorders prevalence rates were among women of refugee background. Bogic *et al*. concluded that mental disorders tend to be highly prevalent in war refugees many years after resettlement. This increased risk may not only be a consequence of exposure to wartime trauma but may also be influenced by post migration social economic factors. Fazel *et al*. (2005) suggested that about one in ten refugees had post traumatic stress disorder, about one in 20 had major depression and about one in 25 had a generalized anxiety disorder. Feyera, Gedle, Kumera and Mihretie, (2015) confirmed that women were twice as likely to exhibit symptoms of depression as men.

Studies reveal that many immigrant and refugee women suffer serious mental health problems such as depression, post-traumatic stress disorders, suicide, and psychosis (Shepherd 1992, Thurston & McGrath 1993, Cheung & Lin 1999, Li & Browne 2000, Bhui *et al*. 2003). Immigrants may be at a higher risk because they are separated physically and culturally from their support systems. Studies often demonstrate that new immigrant mothers report feeling socially isolated and overwhelmed (Barclay & Kent 1998, Katz & Gagnon 2002, Robertson *et al*. 2004). While refugees go through different forms of difficulty, women who in most cases do not play an active role to influence the crisis that resulted in them being displaced from their homes, crisis such as political or racial violence, armed conflicts, and natural disasters, are in fact the ones who bare the brunt of the burden of being displaced from their homes (Jegele 2012).

Results from the pilot study conducted prior to this research reported that many urban women refugees within Nairobi County remained traumatized years after attaining refugee status. They rarely received psychotherapeutic treatment. This was attributed to the fact that many humanitarian organizations offering support to urban refugees focused on providing basic needs and edutainment but paid less attention to psychotherapy. The problem was significant because several of them, especially women, had limited access to psychotherapy centres.

The study therefore aimed at improving the psycho-social status of these refugees. The researcher chose to use docudrama film as a psychotherapeutic tool based on its previous healing ability.

Docudrama film is a movie that documents reality (Rosenthal, 1999). According to Formenti (2014), docudrama combines the fields of documentary and drama and focuses on real events and real people presented in a dramatized way. Formenti asserts that several characteristics define a docudrama: the first is a tendency to stick to the facts as they are known, without offering commentary, secondly it gives people basic information, allowing them to draw their own conclusions. Rosenthal summarises that docudramas bring the events discussed to life; rather than saying that person X and person Y had a conversation, for example, a docudrama will stage a recreation of the conversation.

Psychotherapy is a process of discovery that has as its goal to eliminate or control troubling and painful symptoms so that the patient can return to normal functioning

(Fromm-Reichmann 2015). Psychotherapy requires the concentration, energy, and commitment of both the victim and the therapist. Both patient and therapist are full partners in the process and both participate in making treatment decisions.

1.2 Statement of the Problem

Docudrama films have been successfully used by therapists in developing nations to aid in psychotherapy process. Whereas there has been research on how films are used in therapy, little has addressed the use of docudrama films on urban women refugees in Nairobi County. Little has also been published regarding the use docudrama cinematic elements such as choice of shots, camera angle, metaphor and storytelling and how they affect psychological distress among urban women refugees.

Psychological distress management has been one of the areas of concern among refugees. For decades, it has stood out as a complex undertaking. Many refugees in developing nations remain distressed years after moving from their home countries. This is due to the fact that humanitarian organizations offering support to urban refugees focus on providing basic needs and edutainment but pay less attention to psychotherapy. The problem is significant because several of them, especially women, have no access to psychotherapy services.

This study therefore sought to investigate how the selected docudrama films could be used in psychotherapeutic process among women refugees. In addition, the study investigated how cinematic elements affected psychological distress levels among women refugees. The study documented the effectiveness of docudrama films on levels of psychological distress among urban women refugees.

1.3 Research Goal

1. Analyse the use of docudrama as a therapeutic intervention among women refugees.

1.4 Objectives of the Study

- i. To establish the levels of psychological distress among urban women refugees.
- ii. To establish whether cinematic techniques affect psychological distress among women refugees.
- iii. To investigate the effectiveness of docudrama films on the levels of psychological distress among urban women refugees.

1.5 Research Questions

1. What are the levels of psychological distress among urban women refugees?
2. In what ways do cinematic techniques affect psychological distress among women refugees?
3. What is the effect of docudrama films on the levels of psychological distress among urban women refugees?

1.6 Justification and Significance of the Study

This study focused on establishing levels of psychological distress among the urban women refugees, the effect of cinematic techniques on distress levels and the overall impact of using docudrama film as a tool in reducing psychological distress. Its findings are expected to benefit psycho-social counsellors in managing traumatized refugees, film makers, health communication practitioners and the refugees.

Considering the growing need of a healthy society and the need to empower refugees, the findings of this study will serve as an eye opener to both national government and humanitarian organizations to adopt and invest in docudrama film as an alternative psychotherapeutic tool. Docudrama therapy is a new venture with limited research. This study explored a rarely researched area and is expected to contribute new knowledge on how cinematic techniques affect psychological distress.

Furthermore, the study's findings will help in raising self-awareness and enhancing dialogue among the refugees. Consequently, the study will empower refugees both economically and socially hence positively contribute to the repatriation process of some of them.

1.7 Scope and Delimitations

Despite the fact that there are many methods of healing traumatized and distressed people, the study was limited to assessing of the effect of docudrama film on psychological distress among urban women refugees within Nairobi County. The study covered two docudrama films: The Good Lie -Philippe Farladeau (2014) Live and Become -Radu Mihalleanu (2005). The selection criterion was based on docudramas that addressed closely the objectives of this study. The films were chosen since they belonged to the docudrama genre and covered the themes of abandonment and hope.

1.8 Limitations

The study only covered Nairobi County Urban Women Refugees who originated from Rwanda, Burundi and Congo. This was largely due to time, financial and cultural constraints. Data collected therefore did not represent all refugees in Kenya

since others stay in refugee camps while those of Somali origin had cultural reservations that proved a challenge to the study. The respondents found it difficult to deal with issues that came up during or immediately after viewing because they had trouble distinguishing reality from fantasy. To overcome this challenge, a qualified counselor accompanied the researcher in order to professionally handle the affected. Some participants inferred wrong motives into the film assignment when the film showed a certain unattractive character. This negatively affected the therapist rapport with the respondents.

Not all docudramas sampled were instructive, insightful, or filled with meaning. Some films had violence, nudity, and strong sexual language. The disturbing, painful enraging portrayals of the cruelties of the human race could have increased a client's sense of hopelessness and injustice. The researcher and therapists therefore previewed and became thoroughly familiar with the content of the films. The therapist watched the selected films for a second time before using them in the therapy session.

The study would have preferred using films whose protagonist were women; however, the sampled films didn't feature women as the main characters. Nonetheless, in Live and Become and The Good Lie the protagonists only survived with the help of strong women behind them.

1.9 Conclusion

The chapter outlined the background information of the study. It clearly pointed out the gap that needs to be addressed. This formed central pillar to subsequent chapters. The main objective highlighted is the use of docudrama as a therapeutic intervention

among urban women refugees. The second chapter focuses on reviewing relevant literature and discussion on theoretical framework that guides the study.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

To be able to understand this research, it is necessary to undertake a review and an analysis of the literature related to this study. This chapter presents literature review on docudrama as a tool in the psychotherapeutic process among refugees. Also covered in this section are the study's theoretical framework, and finally, the resultant conceptual framework indicating the dependent and independent study variables of the study. The literature in this section was mainly sourced from journals, textbooks, periodicals and the Internet. The facets in this chapter include: review on film as therapeutic tool; a review of trauma, psychological distress and depression; refugee environment and women psychosocial Status.

2.1 Review of Film as Therapeutic Tool

Yazici, Ulus, Selvitop, Yazici, and Aydin, (2014) conducted a study that focused on use of movies for group therapy of psychiatric patients. Yazici et al. initially listed films of potential use. They excluded those that contained aggressive sexual and stigmatizing scenes. They started therapy sessions with short introduction. Yacizi et al. reported that using movies for group therapy sessions encouraged the patients to talk about their beliefs, thoughts and feelings while discussing characters and stories. Similarly, Dumtrache (2014) assessed the effect of cinema therapy on participant anxiety level. The result indicated a significant drop in anxiety among participants in the cinema therapy program as opposed those in control group. The two studies however failed to mention the exact genres of films that were selected and what aspects of film specifically contributed to therapy. This study therefore addresses the

gaps by narrowing down to a specific genre of film and exploring cinematic elements that positively contributed to healing among sampled refugees.

Zur and Wolz (2015) state that combination of cinematic elements can often evoke deep feelings in viewers, both allowing for personal reflection and providing new perspective on external events. On the other hand Nyaoale (2012) asserts that viewing experience entails more than simply looking at a visual display, but rather provokes a response that is dramatically meaningful to the viewer. Suler (2013) alludes to the fact that a picture is worth a thousand words, many ideas can be condensed into a single image, making it a powerful way to represent your identity. He further states that a motion picture provides an identifiable representation of your inner life which can help you master the problematic aspects of your personality. The above three scholars demonstrate the importance of cinematic elements and how the elements help the viewer make meaning of the content of the film. They also point out the role of film in self reflection, an aspect that is core to a therapeutic journey of any traumatized individual. However, the studies failed to point out how self reflection is beneficial to an individual hence this study comprehensively covers how distress levels are significantly reduced by viewing docudrama film within a psychotherapy environment.

Pujam, Joseph, Lahiri and Patojoshi (2016) state that cinema as a therapeutic tool makes processing of the unconscious material accessible and reduces resistance because it is indirect. It gives greater insight to patients about their dilemmas and creates useful metaphors. Pujam *et al* add that by prescribing to the participants to view a film, it is anticipated that they will connect their own life experiences with those demonstrated on the screen in order to obtain solutions to their previous

experiences. Pujam *et al* has common elements with the findings of this study, for instance the fact that film reduces resistance among the viewers concurs with the finding that the participants in this study were able to open to dialogue about their past after watching docudrama films. However, the scholars are biased to conclude that films generally create useful metaphors. Some metaphors in films may have negative connotation thus not useful to the audience. This study fills the gap by careful selection of the films that contain metaphorical characters who overcome challenges hence giving hope to the viewers.

According to Bassil-Morozow (2015), cinematic narratives hold therapeutic values. He argues film watching offers a special place where psyche can come alive, be experienced and be commented upon. Bassil however ignores the fact that we have different genres of cinema and not all films hold therapeutic value. This study fills this gap by focusing on docudrama as a specific genre which combines drama and reality hence has a therapeutic value. Singh (2014) focuses on the affective nature of film viewing and particularly on the power it has on individuals and personality development. Sing argues that cinema is an ideal candidate ‘for thinking through the expressive potential of cultural production and from a psychological perspective, it reflects the relationship human beings have with the outside world’ (Singh 2014, p.11).

Floriano (2016) concludes that the overall objective of psychological film knowledge is to describe the narrative strategies that lie with viewer emotions by acting as the therapist that links people to their challenges in the past. Floriano further describes three key differences between viewing for entertainment and viewing for therapeutic benefit: 1) focusing on characters and their relationships (as opposed to focusing on

plot), 2) explicitly identifying with characters and analyzing their relationship to one's personal identity, and 3) articulating ideas for change in one's personal life derived from the movie.

Hyde (2015) further adds that the visual image in film helps the viewer see what they might in their mind be refusing to see and hence gives a chance to map out means of correcting worries or blunders that could have contributed to the current psychological stress. It is the relationship that viewers attach with the film that is of utmost importance to the therapist. The audience is able to see familiar challenges applied to others and in the end; there is a solution in the cinematic environment thus resonating well with the viewers who see it as second chance in life to make corrections.

Nyaole (2012) states that the power of dramatic conflict and compelling characters is the basis for role modelling as an edutainment strategy. In her study, Nyaole focuses on role of modelling by Kenyan film makers towards the goals of entertainment education but does not address other social needs that special groups may benefit from viewing films. This study however interrogates further on how the role modelling aspect of film positively contributes to psychotherapy among women refugees within Nairobi County, Kenya. Similarly, Ramati (2015) elaborates that film characters often model strength, courage, and other positive qualities, helping us through life's difficult times. He further points out that the characters in films can teach us much about who we are and what we can do to further our personal growth. This scholar emphasizes on how viewers of a film can learn most from characters that touched them with their charisma, attitude, looks, demeanour, or actions. Ramati

therefore makes an important contribution by giving this study an insight on character metaphorical representation.

The use of considerable talents of actors, directors, cinematographers and screen writers also offer visual portrayals of life that are memorable and proactive. As such, they easily trigger discussions and provide a useful counter-weight to move traditional didactic ways of teaching (Peacock, 2016). In his study, Peacock elaborates on the therapeutic nature of film explaining that films transmit ideas through emotion rather than intellect; they can neutralize the instinct to suppress feelings and trigger emotional release.

Benezer and Zetter (2014), give a specific list of recommendations for using movies in clinical therapy. They include: identifying clients that are inappropriate for the technique; being cognizant of the timing and number of the assignments within therapy; understanding why you are assigning a particular film; being prepared in regards to the content of the films recommended; giving clear reasons and expectations of a film homework assignment and; providing a forum to discuss the film after viewing. Benezer and Zetter's recommendations positively contribute to successful therapy sessions, however, this study does not advocate for homework assignments but rather films to be watched in the presence of a therapist.

In their study, Arav and Gurevitz (2014) provide cautions to therapists who employ film technique, including how to address a negative response to a film assignment, being cognizant of a client's socio-economic or cultural perception of movie-watching, and understanding that there is a lack of empirical support for this technique. The above stated cautions provided an important platform in assessing negative responses from the participants during therapy sessions. Film as a tool of

sending reconstruction and recovery messages to victims of past sufferings has been used through many generations especially in the third world countries ravaged by war and natural calamities (Ratcliffe, 2013). However, not every film or every viewing can bring out the correct feeling as planned by the film maker leading to adoption of specific cinematic techniques that are used to enhance the feeling of connection with the film audience for therapeutic effect (Kimmerle & Cress, 2013).

According to Austen (2011), the basic unit of meaning in film is the shot, the frames produced by one continuous take of the camera, without cuts. The size of the shot determines how much or how little of an image the director allows the audience to see. It can enhance or distance our identification with a character – the further the subject, the more abstract they are (Irving & Rea, 2010). When describing different cinematic shots, different terms are used to indicate the amount of subject matter contained within a frame, how far away the camera is from the subject, and the perspective of the viewer. Each different shot has a different purpose and effect (Mediaknowall, 2013).

According to Brown (2012), an establishing shot is the opening shot of a scene. It establishes the geography by giving the audience some idea of where they are, what kind of place it is, and where objects and people are in relation to each other (Thompson & Bordwell, 2008). Establishing shot are often wide exterior shots. They open a scene to let the audience know where they are at (Artis, 2008). Freer (2013) argues that the clue for an establishing shot is in the name. It is shot, at the head of the scene, which clearly shows the locale the action is set in.

The wide shot is any frame that encompasses the entire scene, all relative to the subject (Brown, 2012). According to Artis (2008), no matter who is speaking or what happens, it is all covered in the wide shot. It is the one shot that covers all the action. A long shot is one taken from a sufficient distance to show a landscape, a building, or a large crowd (Austen, 2011). Bordwell (2008) argues that in the long shot, figures are more prominent, but the background still dominates. Dianga (2014, p. 162) comments that “a long shot creates an uncomfortable distance between the viewer and the events, limiting his interaction with them. It also minimizes editing, a moment when the spectator highly influences the filmmaking process. A spectator wants the different shot types to speak to him differently”. It depicts an entire character or object from head to foot. Not as long as an establishing shot (Freer, 2013).

According to Austen (2011), a medium shot lies between a long shot and a close-up. It might show two people in full figure or several people from the waist up. Framed from the waist up, medium shots bring the audience closer to further inform them of what people are wearing or doing (Artis, 2008). According to Bordwell (2008) the medium shot frames the human body from the waist up. In this shot, gesture and expression become visible. The medium shot focuses on the action and character interaction (Mediaknowall, 2013).

Austen (2011) argues that a close-up is a shot of one face or object that fills the screen completely. The close-up is traditionally a shot that just show the head, hands, feet or a small object. It emphasizes facial expression and the details of a gesture or a significant object (Thompson & Bordwell, 2008). A tight shot of a portion of a frame, an object or an actor’s face and shoulders is a close-up. It places the audience in a

closer relationship with the subject in frame (Irving & Rea, 2010). The most important building block in cinematic storytelling that keeps only the face full in the frame (Freer, 2013).

An extreme shot is an extreme version of the close up, generally magnifying beyond what the human eye would experience in reality (Mediaknowall, 2013). It is a shot of a small object or part of a face that fills the screen (Austen, 2011). When a single portion of the face is singled out, it becomes an extreme close-up. It isolates and magnifies an object (Thompson & Bordwell, 2008). Extreme close-ups make the audience might feel that they are merging with, losing themselves in, or becoming engulfed by the subject, sometimes in a spiritual or mystical manner (Suler, 2013).

Camera placement is determined by narrative significance. They are the angles at which cameras are positioned during filming. Various angles are used in order to develop the narrative and push the story forward (Smeriglio, 2014). For any single shot, you need to decide what particular camera angle works best to express the intended concept and feeling of the shot (Suler, 2013).

When using high angle the camera looks down at what is being photographed (Klevan & Clayton, 2011). When the camera is above eye height, we seem to dominate the subject. The subject is reduced in stature and perhaps in importance (Brown, 2012). According to Freer (2013) a high angle shot looks down on a character or subject often isolating them in the frame. The camera is elevated above the action to give a general overview. High angles make the object photographed seem smaller, and less significant or scary. The object or character often gets swallowed up by their setting - they become part of a wider picture (Mediaknowall, 2013). The high angle is often

used to demonstrate to the audience a perspective of a particular character (Skwirk, 2015).

High camera angles can make the subject appear to be in an inferior position relative to your dominant and more powerful point of view. The subject is smaller, less significant, and diminished, while you are the giant. You are literally and figuratively “looking down on them.” High camera angles work well to enhance the idea that the subject is submissive, humiliated, vulnerable, powerless, fallen, being beaten down, or injured (Suler, 2013).

At eye level angle a shot that approximates human vision; a camera presents an object so that the line between camera and object is parallel to the ground (Austen, 2011). A fairly neutral shot such that the camera is positioned as though it is a human actually observing a scene (Mediaknowall, 2013). The eye level puts the audience on an equal footing with the characters. It is the most commonly used angle in most films as it allows the viewers to feel comfortable with the characters (Skwirk, 2015). It shows people the way we would expect to see them in real life. Psychologically, we’re seeing eye-to-eye with the person, feeling equal status and power with them, like a peer (Pujam *et al*, 2016).

The eye level angle is one type of subjective camera angle because the shot encourages the viewer to identify with the subject. If the subject is a tall or short person, that aspect of their appearance is eliminated as we see eye-to-eye with them. If the subject is a child or animal, we get down to capture them at their level of experience rather than shoot from the higher adult or human point of view. In the case

of objects and scenes that exist above our usual position, like a kite caught in a tree, or objects and scenes typically below us, like toys lying on the floor, the level camera angle brings us up or down to experience that scene as if we're part of it (Suler, 2013).

At low angle, the camera looks up at what is being photographed (Austen, 2011). A low-angle shot can make a character seem ominous and foreboding (Brown, 2012). Freer (2013) argues that a low angle shot looks up at a character or subject often making them look bigger in the frame. It can make everyone look heroic or dominant. Low angles help give a sense of confusion to a viewer, of powerlessness within the action of a scene and an illusion of increased height. The added height of the object may make it inspire fear and insecurity in the viewer, who is psychologically dominated by the figure on the screen (Mediaknowall, 2013). The low angle can make the audience feel vulnerable and small by looking up at the character. This can help them feel empathy if they are viewing the frame from another character's point of view (Skwirk, 2015).

Low angles create the feeling that the subject is big, high, powerful, dominant, imposing, authoritative, or menacing. By contrast, the viewer might feel weak, powerless, insecure, helpless, or overwhelmed in relation to the subject. They are in the position of a child standing in the land of the giants (Suler, 2013).

At a dutch angle the frame is slightly diagonal, can be used to create tension in the frame or impose a flashy artsy look (Artis, 2008). For the Dutch angle, the camera is tilted on its side to create a kooky angle. It is often used to suggest disorientation

(Freer, 2013). The camera is tilted to suggest imbalance, transition and instability (Mediaknowall, 2013). According to Skwirk (2015), the dutch angle communicates the confusion of a character resulting in a disorientation of the audience. Because we don't normally perceive the horizontal plane of our environment as slanted even when we pitch our heads sideways, a tilted camera angle tends to create unique sensations of energy, disorientation, imbalance, transition, danger, unsettledness, instability, tension, nervousness, alienation, confusion, drunkenness, madness, or violence (Suler, 2013).

Camera movement is also an important aspect of cinema. Pan is one of the types of movement. The camera moves horizontally on a fixed base (Austen, 2011). Freer (2013) argues that the pan is an abbreviation for panning. It gives a shot in which the camera moves continuously right to left or left to right. The camera moves on a horizontal axis. A pan gives the viewer a panoramic view of the set (Skwirk, 2015). It is a movement which scans a scene horizontally. The camera is placed on a tripod, which operates as a stationary axis point as the camera is turned, often to follow a moving object which is kept in the middle of the frame (Mediaknowall, 2013).

When you tilt the camera points up or down from a fixed base (Austen, 2011). It occurs when the camera pivots horizontally, mimicking the way we turn our heads to scan horizontal subjects (Rabiger, 2008). A vertical panning shot, the camera moves continuously up to down or down up (Freer, 2013). The tilt is similar to a pan, only that it scans the scene in a vertical motion (Mediaknowall, 2013).

Tracking is a shot that follows a subject be it from behind or alongside or in front of the subject (Freer, 2013). The camera is placed on a moving object and moves alongside the action, generally following a moving figure or object. It is a good way of portraying movement, the journey of a character, or for moving from a long shot to a close-up, gradually focusing the audience on a particular object or character (Mediaknowall, 2013).

2.1.2 A Review of Trauma, Psychological Distress and Depression

A traumatic event involves a single experience, or enduring, repeated or multiple experiences, that completely overwhelm the individual's ability to cope or integrate the ideas and emotions involved in that experience (Bolton *et al*, 2013). Bolton is cognizant of the fact that traumatizing events take a serious emotional toll on those involved, even if the event did not cause physical damage. This can have a profound impact on the individual's identity, resulting in negative effects in mind, body, soul and spirit. Simply put, traumatic events are beyond a person's control. However this study goes a notch higher to illustrate that it is not the event that determines whether something is traumatic to someone, but the individual's experience of the event and the meaning they make of it.

Although trauma may be central to many people's difficulties and awareness of it pivotal to their recovery, in public mental health and social service settings their trauma is seldom identified or addressed (Harris & Fallot, 2001). Similarly Harris and Fallot indicated that having an awareness of how trauma impacts people is essential to the healing process. Subsequently, working from a trauma-informed orientation has an impact on this healing and the quality of service provided.

This study doesn't stop at Harris and Falloot conclusion that healing is predetermined by how trauma impacts people but rather goes ahead to adopt the trauma-informed model which replaces the labelling of clients or patients as being "sick," resistant or uncooperative with that of being affected by an "injury." Viewing trauma as an injury shifts the conversation from asking "What is wrong with you?" to "What has happened to you?" This notion greatly complemented the role of docudrama in opening up dialogue with the refugees who participated in this study. The findings reported in this study confirm that people respond to traumatic events in their own way and according to their individual coping skills and available support systems.

Norris and Hamblen (2004) states that trauma is the immediate experience that an individual undergoes or experiences in case of a severe action on themselves or to another person. This is followed immediately by a distressful condition in which the witness or victim of the traumatic event feels helpless in playing any part that could have alleviated the occurrence of that traumatic event. It eventually results into a form of depression which if not treated could lead to severe suffering. In other words, psychological distress is largely defined as a state of emotional suffering characterized by symptoms of depression including, lost interest; sadness; hopelessness. Psychological distress also concerns with anxiety including restlessness; and feeling tense (Hyde, 2015). These symptoms may be tied in with somatic symptoms like insomnia, headaches and lack of energy that are likely to vary across cultures (Peacock, 2016).

According to Bassil-Morozow (2015) the expression "psychological distress" is often applied to the undifferentiated combinations of symptoms ranging from depression and general anxiety symptoms to personality traits, functional disabilities and

behavioural problems. He points out that immigrants deserve special attention since they are exposed to specific risk and protective factors that may modify the impact of more general factors. He further states that psychological distress is viewed as an emotional disturbance that may impact on the social functioning and day-to-day living of individuals.

The prevalence of psychological distress is difficult to pinpoint due to the variety of the scales assessing distress, of the time windows used in the documentation of symptoms and of the cut-points applied to dichotomize the score of distress and identify individuals with pathological distress. It roughly ranges between 5% and 27% in the general population (Chittleborough *et al.* 2011, Kuriyama *et al.* 2009, Phongsavan *et al.* 2006, but it can reach higher levels in some segments of the population exposed to specific risk factors such as workers facing stressful work conditions and immigrants who must adapt to the host country while holding family responsibilities in the homeland. The International Labour Office stated that psychological distress affected between 15% and 20% of workers in Europe and North America (International Labour Office 2000).

Discrimination has been shown to be a risk factor for psychological distress in several studies (Gonzalez-Castro and Ubillos 2011, Yip, Gee, and Takeuchi 2008). Findings from the study carried by Thapa and Hauff (2005) suggest that women and men may react differently to specific manifestations of discrimination: the mean level of distress was higher in men who were denied a job whereas it was higher in women who were denied housing.

Lower-class people might be highly exposed to the types of stressful experiences which can cause distress; and that they might be more likely to become distressed

when exposed to these stresses. Lower income and socio-economic status have repeatedly been shown to be a risk factor for distress (Caron and Liu 2011, Myer *et al.* 2008, Phongsavan *et al.* 2006). The protective effect of higher income and education against psychological distress has been confirmed in most studies for women and for men, for all age groups and across countries (Caron and Liu 2011, Chittleborough *et al.* 2011).

Psychological distress is a non specific negative state that includes feelings associated with both depression and anxiety. Fromm-Reichmann (2015), state that psychological distress, psychosomatic complaints and clinical mental disorders such as depression and post-traumatic stress disorder are more prevalent among refugees than other populations.

According to Meier and Robinson (2006) depression is a ubiquitous experience, including physical pain, intensive negative feelings and moods. Fazel, Doll and Stein (2009) define depression as a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self worth, disturbed sleep or appetite and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its most severe depression can lead to suicide. Depression is the most common mental health outcome of exposure to war -related traumatic stressors.

2.1.3 Use of Docudrama in Healing

Mbayi (2016) carried out a study that explored psycho-dramatic role-playing in HIV/AIDS communication among the youth in Msambweni, Kwale County. The study examined use of psychodrama in improving insights, social awareness and therapy among the affected youth. The study collected data through participant observation and FGDs. The findings showed efficacy of psycho dramatic role – playing in HIV/AIDS communication and also proved to be a therapeutic instrument that positively changed the youth perception towards HIV testing. Similarly, Okoth (2014) investigated the utilization of drama therapy to unlock voices of survivors of female genital mutilation. In addition to Mbayi’s role-play techniques, Okoth employed other drama techniques such as storytelling, song and dance. Findings from the study showed that drama therapy helped survivors to regain self confidence hence a therapy to their trauma. Both Mbayi and Okoth’s studies confirm that drama techniques are therapeutic in nature. This study however, combines both documented reality and drama. As opposed to the aforestated studies that entirely focus on theatre, this study narrows down to film. It uses cinema as a possible therapy among traumatized urban women refugees. The study explores in what ways docudrama elements can reduce distress and depression among the refugees.

Emunah (2010) also explores drama therapy concept. According to him, drama therapy is involvement in drama with a healing intention. He asserts that drama therapy facilitates change through drama process. He states that:

Drama therapy is the intentional and systematic use of drama processes to achieve psychological growth and change. The tools are derived from theatre; the goals are rooted in psychotherapy. Although drama therapy can be practical within the theoretical

framework of almost any existing school of psychotherapy, it also has its own unique heritage conceptual sources like psychodrama, role play etc. (Emunah, 2010, p.3)

The three scholars above (Emmunah, Mbayi and Okoth) concur that drama therapy uses the potential of drama to reflect and transform life experiences to enable client express and work through potential problems they are encountering.

Cinema therapy is a creative, therapeutic intervention in which a therapist uses a film as a metaphorical tool to promote self-exploration, personal healing and transformation. Though it is a relatively new counselling technique, its roots can be traced to ancient Greece (Jones, 2006). In his study, Jones acknowledges the role of film in healing process but fails to point out specific genres of film that can be recommended for therapy. This study however, addresses the gap by selecting docudrama genre and explores specific elements in film that positively contribute towards the healing process.

Pujam *et al* expounds on the specific ways through which cinema therapy can be achieved. They assert that viewing specific movies can help validate a client's experience as he/she observes conditions and circumstances that resonate with his/her own. By watching the films and then discussing the stories, character struggles, and moral dilemmas presented in specific movies, client and therapist can access meaningful metaphorical content for client (Pujam *et al*, 2016). These scholars' recommendation of watching and later discussing the content of the film is in line with the participatory action approach that was applied in this study where FGDs were conducted after watching the two selected films.

According to Wu (2008),

When we are watching movies, we become absorbed in the story on the screen. We often lose track of time and our surroundings. We enter a trance state where our conscious reality is just a hypnotic phenomenon and we lose awareness of our everyday problems and details. While we suspend disbelief as an unconscious way to accept entertainment, the film builds a vicarious relationship between the protagonist and the viewer. This is the power of drama, how the human mind is able to suspend disbelief and experience the “story” of the protagonists as if it were their own. Suspension of disbelief leads to a suspension of personal awareness, which will limit defensiveness and allows aspects of the movie to speak to a person's creative mind without resistance (Wu, 2008, p. 26).

Wu's assertion that watching of film suspends personal awareness and limits defensiveness further explains therapeutic nature of film. It is only after a viewer identifies with protagonist of a film when they see their own issues unfold. The protagonist viewer relationship is affirmed in this study when most participants closely identified with Schlomo of Live and Become and Theo of The Good Lie. They believed the stories surrounding the two protagonists. Every time the protagonists overcame any challenge, it gave them hope to press on. This is further supported by Gass and Seiter (2015) who illustrate this concept by stating that ‘Sometimes the story of the character overlaps with the viewers own experience causing the viewer to identify with the character in the film. In this way, movies establish a common bond with the viewers.’ (Gass & Seiter, 2015, p.45)

Singh (2014) notes that effective cinema therapy begins with a careful selection of the movies the therapist is to assign. Unfortunately, there is no easy formula for movie selection, as each client's situation needs to be considered on an individual basis. In addition, there are so many new movies constantly being released that it is not really

feasible to develop a standard list of suggested movies because it would so quickly become outdated.

2.1.3 Women Refugee Environment and Psychosocial Status

According to Jegede (2012), when emergencies and/or conflicts emerge, family structures and their social networks are often destroyed and gender roles are changed. Women often take over non-traditional roles such as the head of household, for which they are seldom prepared. In these positions, women often become more vulnerable. As social infrastructure deteriorates, the support networks also disappear. In times of conflict, women are often used as slaves, raped and recruited as soldiers themselves. It is issues like these that create a sense of vulnerability among women.

Female gender roles often require women to be accountable for a disproportionate amount of domestic work, rearing of children, attending to family social relations and employment outside the home (Spitzer 2004). The role of gender influences the immigrant women in her everyday experiences and might limit or make it impossible to even consider accessing help for mental health needs. The multiple changing roles of immigrant women situate them in a vulnerable, high-risk position. The shifting of the gender roles and the underlying power relations within the family greatly influences the immigrant woman's access to mental health care services (Jiwani 2001).

Psychosocial factors such as lack of support from formal and informal sources have been well documented as contributing causes (Dennis & Letourneau, 2007). It is widely established that women with less support also report increased symptoms of depression (Letourneau *et al.* 2007). Immigrants may be at a higher risk because they

are separated physically and culturally from their support systems. Studies often demonstrate that new immigrant mothers report feeling socially isolated and overwhelmed (Robertson *et al.* 2004).

Women face particular protection and security risks in refugee camps, as well as the challenges of heading households while suffering from their disadvantaged status as women (Jegade 2012). Refugee women are vulnerable to rape, sexual assault, and other forms of sexual violence. Eileen Pittaway discusses the purpose of rape in her article 'Refugee Women: The Unsung Heroes': "Women are raped to humiliate their husbands and fathers, and for reasons of cultural genocide. They are forced to trade sex for food for their children. They are raped by the military, by border guards and by the UN peacekeeping forces sent to protect them. Rape and sexual abuse is the most common form of systematized torture used against women, and this ranges from gang rape by group of soldiers, to rape by trained dogs and the brutal mutilation of female genitalia. (Pittaway, 1999)

According to Refugee Council report (2009), women coming from conflict zones will be especially affected: 'war rape' has reached epidemic proportions, as the nature of war has changed. The report further states rape has been used strategically, as a weapon of war in attempts to destroy the opposing culture. Refugee women are more affected by violence against women than any other women's population in the world (UNHCR, 2008). Many suffer sexual violence, which has been described by a senior UN official as '*one of the worst global protection challenges due to its scale, prevalence and profound impact.*' (Jan, 2005).

A study conducted by the World Health Organization (WHO) in 10 of Liberia's most populous counties found that 90.8% of women and girls had been subjected to one or multiple acts of abuses and/or sexual violence during the war; 75% were raped – most of them gang raped (UN Human Rights Council, 2008). Despite a high incidence of sexual assault and rape amongst refugee women, the crime is often shrouded in silence. Due to stigma, shame and guilt associated with loss of virginity or purity it is difficult for women to reveal their horrific experiences. This tendency is more pronounced in some cultures, such as Middle Eastern cultures, where a woman's virginity is a prized Possession and sex out of marriage is forbidden (Jegede, 2012).

Like all urban migrants, asylum seekers are attracted to urban centres because economic resources and opportunities, including education for their children, are concentrated there, and in cities migrants can access the social networks and ethnic enclaves that support newcomers, and which initiate the process of integration (Balbo and Marconi 2005). People displaced by violent conflict and the ensuing destruction of livelihoods are increasingly likely to end up in urban areas rather than camps. As urbanization rates increase globally, so do the number and proportion of refugees and IDPs. UNHCR estimates that about 18 per cent of refugees live in urban areas, compared with about 26 per cent in camps or centres, and the remainder 'dispersed' in rural areas or other locations UNHCR report, 2015).

According to Fazel et al. (2009), refugeeness forces the question between the cosmologies of the powerful and the cosmologies of the powerless. Bogic *et al* (2015), assert that "refugees have an ambiguous agency to the extent that it threatens authorities". They use the analogy of domesticated animals which are non-threatening

to their owners. Singh (2014), earlier stated that like domesticated animals; the refugee must be transformed from his/her apparent 'wild state' into a tamed animal.

In Australia, refugees were identified by the use of detention centres placed in deserts, electrified fences, dehumanizing language, and monitoring strategies were ways of breaking the agency of refugees. Smits (2009), cites examples of some refugees at the Woomera detention centre in South Australia who protested by sewing their lips. The symbolism of lip sewing was a stark political protest. The closure of the lips was a metaphor of the trauma which they had experienced. To close the mouth meant the cessation of dialogue, the beginning of death. This immobilization of the body gives rise to "conceptual and bodily distortions" in the struggle for bodily being (Smit, 2002, p. 218).

Peacock (2016) asserts that women refugees are at risk for the development of a variety of psychological disturbances including depression, anxiety and post-traumatic stress disorder (PTSD). Bogic et al. (2015) in their research found out that intensity of experience and duration of trauma exposure is related to increased levels of posttraumatic stress symptomatology.

Alden (2015, p.13) states that because all refugees have, by definition, left their country due to a "well founded fear of persecution due to race, political opinion, ethnic origin, religion, or belonging to a particular social group, It must be assumed that they have experienced trauma, making psychosocial problems ubiquitous among refugees."

Alden's observation on psychosocial status of refugees concurs with findings of this study. Most of the participants were distressed and depressed. This was evident after

subjecting them to Becky's depression inventory and Kessler's distress scale tests before therapy sessions commenced. In managing trauma psychologists follow an approach that involves an individual going through three stages during therapeutic process to enable them deal with their emotional disturbances these stages are: Schafer and Langeland (2015), summarize the therapeutic process as follows: stabilizing and managing responses; processing and grieving traumatic memories and; reconnecting with the world.

The three stages stated above are key in monitoring healing process of traumatized groups. In this study, we measured significance of docudrama film in moving participants through the three stages.

In carrying out this study we were privy to facts recorded by Arav and Gurevitz (2014). The two scholars pointed out that trauma can engrave and problems may arise later because the memory of the events that occurred under severe stress are not put into words and are not remembered in the normal way we remember other things. Instead, the memories remain 'frozen in time' in the form of images, body sensations like smells, touch, tastes and even pain, and strong emotions.

2.1.4 Synopsis of Live and Become

The story begins in 1985 when the boy Schlomo is nine (9) and living with his mother in a squalid refugee camp in Sudan. In the opening scene the mother forces her weeping son to leave her side and be transported to Israel in the secret Israeli airlift code-named Operation Moses. Under the provisions of Israel's Law of Return, those with Jewish parents and grandparents could settle in Israel and become citizens.

Too young to understand that his life is probably being saved, Schlomo is taken up by Hana, a Falasha woman who agrees to take him after her Son dies. The enigmatic final words of his mother, "Live and become," resonate through the rest of the film.

Drilled to remember the facts of another boy's identity, Schlomo whose name is shortened from Solomon, is warned never to reveal his true identity, lest he be deported. It is not until years later that he realizes his mother's rejection was his salvation and not a punishment. For the remainder of the film he pines for her, and a recurrent, overused image shows him gazing at the moon and talking to her.

Soon after arriving in Israel, Hana dies of tuberculosis and Schlomo is adopted by a liberal French-Israeli couple, Yael and Yoram, who already have two children. Although they are affectionate and supportive, Schlomo has difficulty adjusting; he refuses to eat, picks fights and tries to run away.

Racism is a fact of life. The only non-white student in his school, Schlomo is shunned by his schoolmates, whose parents demand that he be withdrawn because he is exposing their children to exotic African diseases. Outraged at their prejudice, Yael storms into the school, throws a fit and, in the film's most unexpected and moving gesture, publicly kisses and licks Schlomo's face to demonstrate he is not a health threat.

As a teenager Schlomo develops a crush on Sarah, a spirited girl whose father, sensing Schlomo may not be Jewish, slams the door in his face and warns that he will cut off his finger if he presses the doorbell again. But the relationship continues long distance after Schlomo leaves Israel to study medicine in Paris. And when he returns after years apart, they marry.

Schlomo finds a mentor in Qes Amhra, a kind-hearted Ethiopian rabbi who helps him write letters to his mother in his native language. But as he assimilates into Israeli society, mastering Hebrew, studying the Torah and having a bar mitzvah, the movie portrays him as a divided soul torn between his African roots and his assiduously cultivated Jewish identity.

2.1.5 Synopsis of The Good Lie

The 'Lost Boys' as they simply known in the film, were orphaned by the brutal Civil war in Sudan that began in 1983, these young victims travelled as many as a thousand miles on foot in search of safety. Fifteen years later, a humanitarian effort would bring 3600 lost boys and girls to America.

In The Good Lie, Philippe Falardeau, (writer and director) brings the story of their survival and triumph to life. Academy Award winner Reese Witherspoon ("Walk the Line") stars alongside Sudanese actors Arnold Oceng, Ger Duany, Emmanuel Jal, and newcomer Nyakuoth Weil, many of whom were also children of war.

Mamere and Theo are sons of the Chief in their village in Southern Sudan. When an attack by the Northern militia destroys their home and kills their parents, eldest son Theo is forced to assume the role of Chief and lead a group of young survivors, including his sister Abital, away from harm. But the hostile, treacherous terrain has other dangers in store for them.

As the tattered group makes the difficult trek to Kakuma refugee camp in Kenya, they meet other fleeing children, forging a bond with Jeremiah, who, at 13, is already a man of faith, and Paul, whose skills become essential to their survival.

Thirteen years later, the now young adults are given the opportunity to leave the camp and resettle in America. Upon arriving in Kansas, they are met by Carrie Davis (Witherspoon), an employment agency counsellor who has been enlisted to help find them jobs - no easy task, when things like straws, light switches and telephones are brand new to them.

Although Carrie has successfully kept herself from any emotional entanglements, these refugees, who desperately require help navigating the 20th century and rebuilding their shattered lives, need just that. So Carrie embarks on her own uncharted territory, enlisting the help of her boss, Jack (Corey Stoll).

Together, against the backdrop of their shared losses, the Lost Boys and these unlikely strangers find humour in the clash of cultures, and heartbreak as well as hope in the challenges of life in America.

2.2: Theoretical Framework

This section covers theoretical background for the study and it includes an overview of theories related to docudrama and psychological distress. The theories include: psychoanalytic film theory, psycho dramatic theory and the trauma theory.

All the theories are related to film. According to Rushton (2013) films have the capacity of exposing viewers to experiences that normally go unnoticed in the real world and those that people have a tendency to remain blind to. The experiences would include ones where one can no longer afford to cry but at the cinema, no such prohibition is in force.

2.2.1: Psychoanalytic Film Theory

The key proponents of psychoanalytic film theory are Sigmund Freud (1953) and Jacques Lacan (1978). The theorists conceive film as a formal medium for unconscious, perverse or irrational thought processes. Lucan (1978) and McGowan (2011) perceive film as a means of engaging the unconscious. Both scholars have indicated that films have the ability to tell a story using techniques that make dreams become near-reality while providing fantasy fulfilment. The theory proves that throughout life, human beings are not just shaped by past history and experiences but also by exposure to fantasy material formed through reshaping or reframing events through cinema.

Psychoanalysis in cinema has been used to unmask latent meanings behind screen images, before moving on to a consideration of film as a representation of fantasy. The viewer in a film or the audience is made to examine subtexts or the unconscious which fully defines the message of the film. Through psychoanalysis, the viewer is able to identify with the camera's vision indicating that a link is easily established when the viewers see the film from time to time. This is what the film world calls the gaze (McGowan, 2011). In the gaze, psychoanalysis stresses that the viewers longing to have an identity through the projected image will always remain with an illusion. This filmic illusion acts as a motivation to either move on to greater heights or tries to avoid any situation that might lead the viewer to a previous emotional experience.

The narrative expectation in psychoanalytic theory dictates that viewers of specific film will expect some happy ending in which the villain will be vanquished. Margolis (2013) gives an example of war films that leave the viewer with an expectation that there will never be war again.

Psychoanalysis also incorporates cinematography. This directs the incorporation of the manner in which shots are cut to create a seamless world that the viewer can identify with. Levine (2015) cites the example where, in a film when a viewer hears a gun going off out of the frame, the viewer expects even if unconsciously the camera to move or the film to cut so that they are quickly privy to this new information. If the film offers an establishing shot of two characters in conversation, the viewer assumes that the camera will move into close-ups so that they can see exactly the expression on the characters' faces. This happens almost unconsciously to any audience leading to critics of psychoanalytic theory stating film fantasy is not in the characters but simply the setting.

There is also evidence that psychoanalytic theory has helped in bringing out the role of trauma in cinematic representation offering fertile ways of speaking of film rather than definitive answers or conclusive self-knowledge. Cinematic apparatus can thus exploit the audience to achieve a fruitful outcome out of watching films with the aim of helping that audience heal or reduce levels of distress or depression (Chamarette, 2015)

2.2.2: Psycho Dramatic Theory

This study was also guided by psycho dramatic theory developed by Jacob Levy Moreno, M.D in 1923, the father of psychodrama. The theory uses action methods of enactment, sociometry, group dynamics, role theory, and systems analysis to facilitate constructive change in individuals and groups through the development of new perceptions or reorganizations of old cognitive patterns and impacting changes in behaviour (Peacock, 2016). Mbayi(2016, p. 29) asserts that “role playing which is largely an extension of psychodrama involves the sense of ‘playing with’ the role,

bring a measure of creativity to it refining it and at times redefining or radically negotiating the role.

Psychodrama is a technique that supports the participants to reanimate the events in their lives instead of just talking about the psychological and social problems of them (Bassil-Mozorow, 2015). Providing catharsis, gaining insight, testing the facts, developing rational thoughts, learning and behavior changes in psychodrama are aimed to take place in the psychodrama sessions in which this technique is utilized (Dökmen, 2005). Furthermore, the benefits of having psychodrama practicing in a social activity could create a multi-experience of whole participating in various severe situations of their life and learn how to deal and cope with these situations (Akdeniz, 2007)

This theory concurs with Foster (2001) who argues that film therapy is more than simply watching movies. He supports this assertion by citing Wedding and Niemiec, (2003) who state that:

First practitioners guide clients on how to view a prescribed film through a therapeutic lens so that they will metaphorically project themselves into the assigned movie as though they were an actor experiencing the action on an emotional and cognitive level (p.17)

Lampropoulos and Spengler (2005, p.50) support the applications of psychodramatic theory in psychotherapeutic process by asserting that ‘During viewing it is theoretically intended that clients identify with movie characters who face similar difficulties find support and acceptance for their condition, deepen their emotional states, achieve catharsis, increase awareness of the problem, get information, find solution through various learning and prepare for action.’

The four scholars above (Wedding, Niemiec, Lampropoulos and Spengler) provide step by step process of using film as a therapeutic tool. They acknowledge that drama encourages reflection on behaviors and motivate positive action. Based on this theoretical framework, participants in this study were able to examine the roles of characters in the films, renegotiated and chose different ways to play them.

The art of psychodrama includes the recognition of a person's private and metaphorical language and the use of multiple perspectives to elicit the subjective experiences of the protagonist, the director and the group members. Psychodrama is for everyone and anyone who would like to experience the spontaneity and 'magic' of working with action methods. Whether your focus is personal, professional, therapy or training, if you're interested in the creative exploration of yourself, your relationships and your life using action as well as words, then you might value and enjoy the psycho dramatic method and the personal liberations, self expression and insights that it elicits.

According to Singh (2014), working with drama allows people to reflect on their behaviours and assumptions, motivates actions, gives youths insights into various complexes of themselves, validates senses of who they are, increases the sense of having choices in life and develops empathy. In Moreno's way of thinking, learning a role begins with perceptions of the functions and actions that comprise the role and expectations about the enactment of the role based on observation of others enacting it (Pramann, 2007).

Any person in therapeutic care may benefit from psychodrama, provided that there is an ability and willingness for presentation of self-shown by stepping onto the stage

area. This theory was thus important in realizing the objectives of the study which evaluated the effectiveness of docudrama films on the levels of psychological distress among women refugees.

2.2.3: The Trauma Theory

According to the study by Auerbach, Salick and Fine (2006), the trauma theory begins with the classic work of Janet, Freud and Breuer. For instance Freud hypothesizes that trauma induces extreme stimulus which proves overwhelming to the mind resulting in the person being unable to deal with the experience and as a defence mechanism against such overwhelming mental anguish, the tool of repression is used.

Freud referred to traumatic experiences as 'traumatic neurosis' and the American Psychiatric Association officially acknowledged it as 'Post-Traumatic Stress Disorder'-a concept central to trauma theory.

Burke, Carruth and Prichard (2006) analysed and defined the state of being traumatized as precisely being possessed by an image or event. Burke et al. reported that a traumatic event occurs too immediately for the consciousness to record but its images come back to the survivor belatedly and repeatedly. Goff et al. (2006) state that an event goes from stressful to traumatic on the basis of emotion. Trauma is not individually based but context based.

Fromm-Riechmann (2015) states that traumatic reactions within the body and mind are developed as the direct result of being restricted, or unattainable, in action, when 'neither resistance nor escape is possible, the human system of self defence becomes

overwhelmed and disorganized' resulting further in deep and lasting modifications in physiological arousal, memory, cognition and emotion. The traumatized person may experience intense emotion without a clear memory of the event, or they may remember everything in detail but with no emotion.

To support her findings, she cites Abraham Kardiner's thoughts on trauma theory. (as cited in Herman, 2001):

When a person is overwhelmed by terror helplessness, the perceptions become inaccurate and pervaded with terror, the coordinative functions of judgment and discrimination fail. The sense organs may even cease to function. The aggressive impulses become disorganized and unrelated to the situation in hand. The functions of the autonomic nervous system may also become dissociated with the rest of the organism. (Herman, 2001, p. 25)

Herman gives a clear picture of a traumatized person. He depicts them as a very delicate group that deserve keen handling especially when offering a possible intervention. This study therefore made careful ethical consideration when handling participants.

The common pathology in traumatic symptoms, as Schafer and Langeland (2015) view it, is divided into three parts; hyper arousal, intrusion and constriction. They explain that in this state of hyper arousal, which is the first symptom of PTSD, 'the traumatized person startles easily, reacts irritably to small provocations, and sleeps poorly'

In regards to intrusion (the second symptom of PTSD) Herman (2001) states that it can be experienced long after actual trauma or the initial danger has past, in other words trauma survivors relive the trauma as if it was repeatedly happening in the present and prevents survivors from being able to resume any 'normal course of their lives'.

This theory was therefore essential for this study it facilitated examination of the levels of psychological distress and evaluation of the effectiveness of docudrama films on the levels of psychological distress.

2.3 Conceptual Framework

This section of the study covers the conceptual framework. The variables in the framework were derived from the measurable characteristics of the three main stages of docudrama therapeutic process namely traumatic experiences, intervention and the healing process. The independent variables for the study included pre-immigration, systemic and post-immigration variables. These variables had three main outputs which included trauma, psychological distress and depression.

The intervening variable was docudrama film. It is intermediary and had a bearing on the outcome of the emotional healing of the participants. It was used as the intervening variable as it helped achieve the sought after recovery.

Finally, the dependent variable for this study was recovery process for the participants. Through the conceptual framework, the study offered a method for structuring and systemizing inner and outer worlds of the participants as they have

been traumatized or tortured physically and in their mind leading to their refugee status. Baranowsky and Gentry (2014) indicated that refugees are longing to be part of the normal community especially in their host country and through film; an environment is created for them to recover. Similarly, Tan (2013) cites docudrama as a powerful tool of helping in recovery process for traumatised victims. A schematic representation of the research variables is provided in Figure 1.

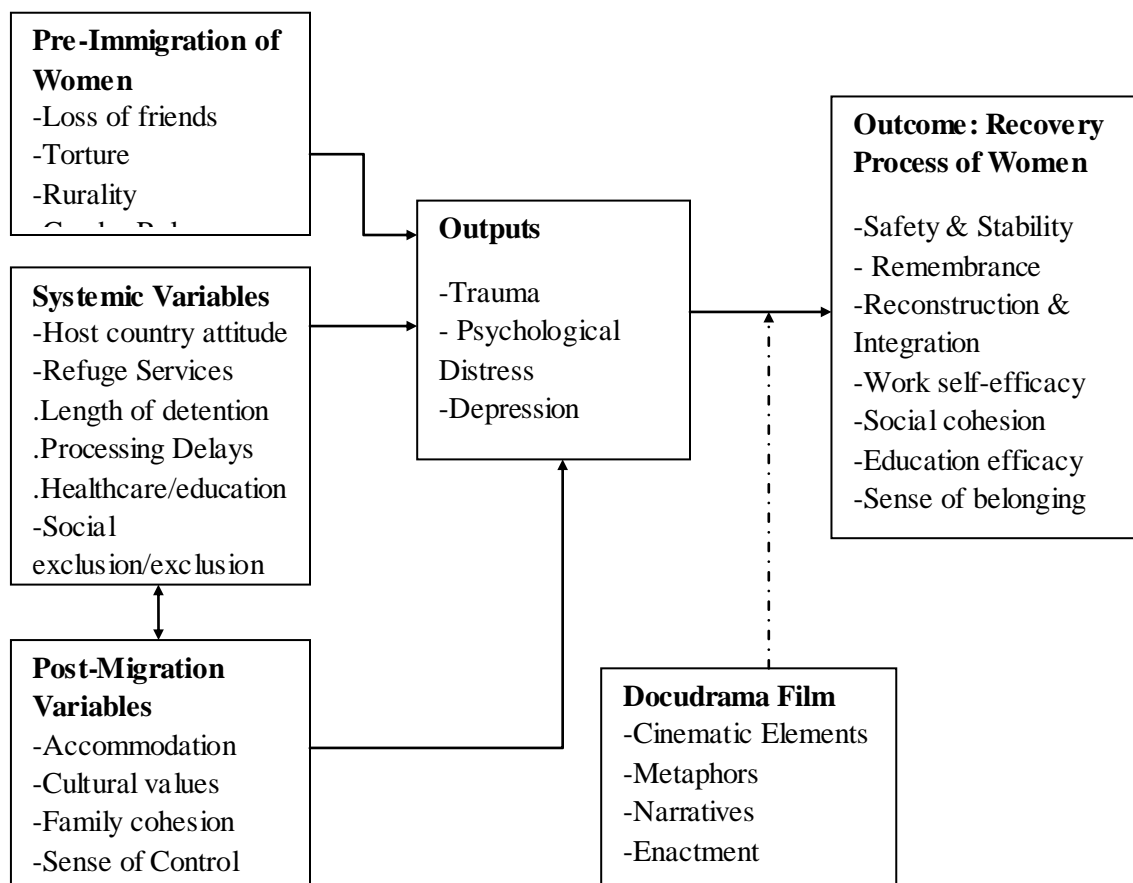


Figure 1: Conceptual Framework

The relationship between docudrama and psychological distress was conceptualised at a fairly general level, depicted in Figure 1 above as a, two stage relationship where docudrama elements' impacted on participants which in turn determined the final outcome in terms of changes in levels of psychological distress.

2.4 Conclusion

This chapter sought to inform and clearly point out how information from different scholars contributed to the study. The chapter showed how the study is either similar or different from what other scholars have done and proceeds to propose how docudrama films may be used in psychotherapeutic process. Three theories that acted as a guide or reference to the study were reviewed. Similarly, the conceptual framework that mapped the variables of the study was discussed. The next chapter provides detailed research methodology in which a plan for data collection as well as interpretation is captured.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter contains the research's philosophical paradigm that provided guidance on the methods of research that were used in the implementation and realization of the stated objectives. This study adopted the positivist paradigm. The chapter outlines research design of the study, target population, sampling, data collection procedures, reliability and validity of the questionnaires. Data analysis techniques that were used are also explained.

3.1 Research Design

The study applied mixed methods research design as proposed by Tashakkori and Creswell (2007) that covers both qualitative and quantitative approaches. Qualitative research was used to generate hypothesis while quantitative research was used to test the hypothesis. While qualitative study suggested that the participants were likely to be distressed, quantitative approach measured the actual levels of distress among the participants. Under quantitative approach, the study employed quasi experimental combination design. According to Jhangiani, Chiang and Price (2015), combination design is a type of quasi-experimental design that is generally better than either the non-equivalent groups design or the pre-test- post-test design since it combines elements of both. Jhangiani et al. add that, there is a treatment group that is given a pre-test, receives a treatment, and then is given a post-test but at the same time there is a control group that is given a pre-test, does not receive the treatment, and then is given a post-test. The question, then, is not simply whether participants who receive the treatment improve but whether they improve more than participants who do not receive the treatment.

Under qualitative method, the following approaches were used: participatory action research and constructivism. Participatory action entailed active involvement of both the participants and the therapist in watching the films while constructivism involved using traumatic experiences reconstructed through retelling of stories to assess the effect of film on distress levels among participants.

Since the study was an analysis of docudrama film effect on psychological distress among women refugees, a qualitative approach was ideal for an in-depth investigation. The approach was used to reveal effect of cinematic techniques on the levels of psychological distress and the overall effectiveness of docudrama on the psychotherapeutic path of the refugees. Under quasi experiment, the sample population was divided into two groups, the control group and the experimental group. Whereas the experimental group was subjected to all variables of the study including watching of the docudrama film, the control group was not subjected to the same. A pre-test and post test was conducted on both the experimental and control groups. A pre- test was carried out to determine the initial levels of psychological distress and post-test aimed at seeing the change that took place after the study.

3.2 Location of Study

The study was conducted in Nairobi County, the capital city of Kenya that hosts highest population of immigrants, among them, those who have fled various conflicts in the larger Eastern Africa region (UNHCR Report, 2015). Most of the refugees came as a consequence of the civil war in southern Somalia, Congo, Burundi and Rwanda, thus making it a reliable place to get the respondents. Nairobi County was selected because it is a common landing location for most foreigners including refugees. Furthermore, it has a high number of humanitarian organizations that are

directly involved with the affairs of refugees for example UNHCR and RCK (UNHCR Report, 2015).

3.3 Target Population

Population refers to the entire group of people, events or things of interest that the study wishes to investigate. Kothari (2009), observes that a population is an entire group of individuals, events or objects having common observable characteristics. According to Dempsey (2003), the target population defines those units for which the findings of the study are meant to generalize. The target population of this study was urban refugees in Nairobi, Kenya, estimated at 45,000 (UNHCR 2014). The total study population was therefore 45,000.

The study however concentrated on women refugees. The women gender was selected as they were the most affected group. According to UNHCR Report (2015), approximately 51% of all refugees are women, and 45% are children under the age of 18. Women and girls are the most vulnerable and most affected. They face discrimination and violence just because of their gender. The UNHCR Report approximates that together, women and children comprise about 75% of the world's refugee population.

3.4 Sampling Techniques and Sample Size

A sample is a segment of the population selected to represent the population as a whole (Cooper & Schindler, 2014). Designing a sample calls for three decisions concerning who will be studied, how many people will be studied and how the sample will be chosen (Kothari, 2009).

In this study, sampling was employed in selecting the docudrama films and the study's participants. Out of a population of 98 refugee related films listed on Film Aid International, UK refugee Council, UNHCR and US international Rescue Committee Resources websites as at December 2016, the study was only interested in docudrama films. As a pilot testing, the researcher together with his assistants viewed the 98 films listed on the Lead Refugee related websites and only 29 films qualified to be docudramas.

Out of the 29 films, purposive sampling technique was employed to narrow down to films that closely addressed the objectives of this study. Only docudramas that inclined on the themes of abandonment and hope were chosen. Out of the 29 films, only two films met the criterion. Consequently, the following films were chosen: Philippe Farladeau's The Good Lie (2014), that reveals young victims orphaned by the brutal civil war in Sudan and travelled as many as a thousand miles on foot in search of safety and Radu Mihalleanu's Live and Become (2005) a film that exposes the life of a young boy staying with his mother in a refugee camp in Sudan but later taken to Israel.

The accessible population of the participants was sixty (60). Using the inclusive criterion and through purposive sampling, 48 participants were selected. The inclusive criterion was determined by data collected after the participants filled demographic data questionnaires. The respondents were mobilized from four centres: Eastleigh, Mlango Kubwa, Umoja and Kayole where majority of the refugees reside within Nairobi County. Out of the 48 participants, 24 respondents were selected for the experimental group and additional 24 participants formed the control group. The

experimental group was subjected to pre-test and post- test in order to determine if the docudrama affected their levels of psychological distress. Charmaz (2006) suggests that up to 25 participants are adequate for a qualitative project.

The 24 respondents in the experimental group were divided into three FGDs that comprised 8 participants. Assigning of members to a group was determined by: the age of the respondent, the country of origin, duration stayed in Kenya and marital status. The recommended number for FGD is 6-10. According to Bryman (2015), smaller than six may limit the potential on the amount of information collected and more than ten makes it difficult for everyone to participate and interact. There was need for small group that would be manageable during a psychotherapy session. This ensured active participation for all. FGD was also economical compared to personal interviews since the researcher was able to get a range of subjective responses on docudrama as a tool in psychotherapy within a short period of time. Three focus group discussions were conducted during the docudrama therapy sessions. This was in line with Burnard view that it's wrong to rely on the views of just one focus group (Burnard, 1996). Burnard argues that the group could be subject to internal or external factors of which the investigator is unaware leading to idiosyncratic results. Individual groups may not go very well: the members may be reluctant to participate or not interact well with each other and limited insight will be gained. Three groups therefore provided adequate breadth and depth for this research.

For participants to be included, they had to meet this criterion: having stayed in Kenya for more than three months and consented to participate in the study. However,

those who were unwilling to participate in the study and not meeting the inclusion criteria were excluded.

3.5 Data Type and Research Instruments

The study used primary data that was gathered from respondents through observation guides, FGD guide, semi structured interview guide and questionnaires. The interviews involved a series of open-ended questions based on the role of docudrama film in psychotherapeutic process. The open ended nature of the questions provided opportunities for both interviewer and interviewee to discuss the topic in more detail. The questions were pre-tested and adjusted appropriately with a view of enhancing their effectiveness in collecting relevant information during therapy sessions. Section A of the interview guide solicited for information on respondents' profile and other demographic information. Section B of the interview contained questions on docudrama film as a tool of stimulating dialogue among women refugees. Section C contained questions on the psychotherapeutic effect of docudrama film. Furthermore, interview guide was used to solicit information from focus groups. The questionnaires, Kessler's Psychological Distress Scale (K10) and Beck's Depression Inventory were used to measure levels of depression and psychological distress among refugees.

Secondary data was obtained from a wide range of written material that contributed to broader understanding of docudrama as a psychotherapeutic tool among women refugees.

3.6 Pilot Study

To test the reliability of the questionnaires and validity of the results, pretesting was conducted with twelve (12) refugees of Somali origin. This was in line with Julious (2005) and van Belle (2002) who suggested 12 participants for a pilot study. Piloting was done in one of the social halls in Eastleigh (Eastleigh Social hall) which was subsequently excluded from the study. The pre-test yielded a few ethical issues that were corrected in the final tool. The collected data was checked for completeness, clarity and consistency by the supervisors and ethical review committee of Kenyatta University. The pre-test results were analyzed for reliability by using Cronbach Alpha coefficient values of 0.587 and 0.631 for two tests of the instrument.

3.6.1 Reliability

Reliability is defined as a measure of the degree to which a research instrument yields consistent results or data after repeated trial (Cooper & Schindler, 2014). In order for the study instrument to measure what it was supposed to measure, pilot testing was done before the data collection instruments were used in actual data collection. Pretesting of the instruments was conducted before the actual interviews. Twenty four refugees' two psychotherapy counsellors and two cinematography experts were given the measuring instruments. The split half technique was used to assess the reliability of the research instruments.

Cooper and Schindler conclude that any research instrument with a split half coefficient of between .80 and 1.00 is accepted reliable enough. The researcher

considered any coefficient within the aforementioned bracket. Double coding was also used to check reliability. Two or more researchers were allocated to code same field data.

3.6.2 Validity

Validity is the degree to which results obtained from analysis of the data actually represents the phenomena under study. According to Kothari (2014), validity is the degree to which a test measures what it purports to measure. The piloted instruments were assessed for clarity and those items found inadequate or vague were modified to improve the quality of the research instrument thus increasing its face validity. Validity of an instrument is improved through expert judgment. The researcher therefore asked assistance from the University supervisors in order to help improve content validity of the instruments and to ensure accurate and meaningful results to this study. Triangulation approach was employed through seeking evidence from a wide range of sources that contributed to psychotherapeutic process and comparing findings from those different sources.

3.7 Data Collection

Data was collected through administering of questionnaires, observation, participatory action approach, constructivism approach and content analysis.

a) Administering of questionnaires

Questionnaires were administered to the forty eight (48) participants so as to get their background information like: age, marital status, income levels, country of origin, and

period of stay in Kenya. This questionnaire also helped in purposive sampling of those who qualified to be part of the study.

Under quasi experiment, the study sought to determine if docudrama film influenced reduction of psychological distress among refugees. The sample population was divided into two groups, the control group and the experimental group. Whereas the experimental group was subjected to watching of the docudrama film, the control group was not subjected to the same. A pre-test and post test was conducted on the experimental groups. A pre-test was carried out to determine the initial levels of psychological distress and post-test aimed at seeing the change that took place after the study.

The study used Kessler's Psychological Distress Scale (K10). The K10 scale involved 10 questions about emotional states each with a five level (1-5) response scale. The measure was used as a brief screen to identify levels of distress. Each item was scored from one 'none of the time' to five 'all of the time'. Scores of the 10 items were then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicated low levels of psychological distress and high scores indicated high levels of psychological distress.

The study also used Beck's Depression Inventory to measure levels of depression before and after watching the films. The inventory comprised twenty-one questions. Each question had four options ranging from 0-3 with the lowest possible score of zero and highest sixty-three. In order to get the level of depression, we added up the score for each of the twenty-one by counting the number to the right of each question marked by the respondent.

b) Participatory Action Approach

The study also employed participatory action approach to collect data. The approach entailed active involvement of the participants who had real life experience of psychological distress. The intention of using this method was to catalyze dialogue among the participants and unearth new knowledge towards management of psychological distress using docudrama film. The researcher and the consulting therapist were participant observers and actively involved in the film therapy sessions. He observed and processed the clients' reactions as they watched the films. The study conducted a total of 10 therapy sessions for 2 hours every week. The chronology of the therapy activities undertaken during the study were in line with Powell's 5 session mode 1 (Powell, 2005). At the beginning of each therapy session, the participants undertook icebreakers such as singing and dancing which aimed at making them lively and reducing tension. Thereafter, all the participants in the experimental group settled down to watch the film. The first 15-20 minutes, they underwent guided viewing to enable them understand how the story unfolded. The film was paused for a few minutes and the researcher together with the therapist explored participants own stories that related to what they had watched. At this point, some of the participants opened up and narrated their own stories but some remained silent.

Later, the participants viewed half of the film, uncovered its climax, and discovered solutions that the film maker provided in reducing the problem introduced at the start of the film. This was followed by a short break that allowed the participants to give feedback on what they had viewed. Finally, we viewed the conclusion and the therapist summarized the session by encouraging participants to have hope as they walked through the healing path.

c) Constructivism Approach

The constructivism approach uses data collected from the field in an attempt to extract a theory or conclusion (Creswell & Clerk, 2011). In this study, constructivism approach used traumatic experiences reconstructed through retelling of stories and enactment to assess the effect of the films on refugees' psychotherapeutic path. This was aided by visual images as framed by the film maker in the selected docudramas that recreated these experiences.

d) Focus Group Discussion

The participants were divided into three (3) focus groups where they encouraged sharing their stories as refugees. The stories focused on their life before being forced out of their original countries, their journey to Kenya and current experiences. During the first two therapy sessions, most of the participants were reluctant to share their personal experiences. The therapist therefore opted to divide them further into pairs. Still, only a few managed to open up. However after 5 sessions of viewing the films, and rapport building session of ice breakers, participants developed trust and were able to share their stories.

e) Content analysis

The stories narrated by the participants were recorded on Audio Tapes, and later transcribed. Similarly relevant footage from the two films was screen shot using a video observation guide from where summaries were derived and compared to have meaning to the cinematic interpretation of the images.

3.8 Data Analysis, Interpretation and Presentation

Data was analyzed both qualitatively and quantitatively. This entailed analyzing facts and information gathered through observation, personal stories, transcription of audio tapes, informal interviews, focus group discussions (FGD) as well as secondary information gathered through review of related literature. The data was gathered together under thematic ideas. The data was arranged around the three research objectives. The narrations were entered into pools relevant to the study objectives. This helped in eliminating irrelevant data. After analysis, data was reviewed to see the patterns that emerged from the study. The presentation was based on themes and connections to explain the findings. A list of key points discovered as a result of categorizing and sorting out data were prioritized. This was backed up with quotes and descriptive examples. Quantitatively, data was analyzed using statistical methods such as frequencies and percentages as well as inferential statistics specifically correlation analysis and paired T-Test. The aim of T-test was to test establish the significance of relationship between the pre-test and post-test scores of participants using a 95 percent confidence level ($p=0.05$).

3.9 Ethical Considerations

The proposal of this study was approved by Kenyatta University Ethical Review Committee (NO PKU/483/1583). It was also approved by National Commission for Science, Technology and Innovation (NACOSTI/P/17/01655/15395). Clearance was obtained from respective administrative authorities in Nairobi County. The purpose of this study was explained to the participants in English and Kiswahili as well as usage of interpreters among the refugees. The participants were asked to fill informed

consent forms. During FGDs, only audio recording was used as opposed to video. Furthermore, code numbers rather than names were used to identify participants in order to maintain confidentiality of the whole exercise. Since some of the participants were mothers who preferred to be accompanied by their kids, one of the halls was converted to host the kids under the care of one of the research assistants. Snacks were also provided to the kids. The research assistants were trained on ethical handling of the respondents, data collection and coding. A consultant therapist, qualified in psycho social counselling was also hired to conduct the therapy sessions. The study did not expose subjects to any unusual risks. Those who were extremely distressed were referred to more specialized counselling at Refugee Consortium of Kenya Psycho Social Counselling Centre.

3.10 Conclusion

This chapter looked at the methods and techniques that were used to make this study acceptable as a social science research. The next chapter focuses on the research findings and interpretation.

CHAPTER FOUR: PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0: Introduction

This chapter presents findings on using docudrama film as a therapeutic tool among women refugees. The findings are organized according to the themes and subthemes derived from the objectives of this study. The results are discussed in the following order: first, demographic information of the respondents, mainly focusing on age, duration in Kenya, income levels, marital status, country of origin and correlation among the demographic variables; secondly, trauma triggers and trauma levels before watching the selected films; thirdly, cinematic techniques such as type of shots and camera angles and their impact on the psychological distress levels; and finally, the ultimate change in depression and distress levels after watching the films.

4.1 Social Demographic Data

The first demographic analyzed was the age of respondent as presented in Table 1

Table 1: Age of Respondents

Age Brackets	Frequency	Percent
Below 18 years	1	2.1
19-24 years	6	12.5
25-29 years	16	33.3
30-34 years	18	37.5
above 35 years	7	14.6
Total	48	100.0

The ages of the majority of women refugees enrolled into the study were 18 years and above representing 97.9%. In this study, 37.5% of the respondents were in the 30-34 age bracket followed by those in the 25-29 (33.3%), above 35 (14.6%), 19-24 (12.5%), and below 18 years 2.1%.

Findings from the Table 1 show that refugees aged between 25-35 years formed majority of the respondents. This could be attributed to the fact that women within this age bracket find themselves vulnerable to the forceful eviction. The findings correspond with those of a study by Jegede (2012) where the majority of the refugee respondents (66.4%) were young women aged 35 years or less, with only about 5% who were over 55 years of age.

Jegede further argued that while refugees go through different forms of difficulty, women, who in most cases do not play an active role to influence the crisis that resulted in them being displaced from their homes such as political violence, armed conflicts, and natural disasters, are in fact the ones who bear the burden of being displaced from their homes.

Table 2 presents country of origin for the respondents.

Table 2: Country of Origin

Country	Frequency	Percent
Burundi	12	25.0
Rwanda	10	20.8
DRC	26	54.2
Total	48	100.0

There were a total of 48 participants, of which 54.2% originated from DRC Congo, 25% from Burundi and the remaining 20.8% from Rwanda. It is expected that countries where human rights abuses are rife, political and civil freedoms are few, and civil war is ongoing, are likely to produce asylum-seekers with greater merit than countries with a greater respect for human rights and which are free from conflict.

In this study, DRC Congo had majority of the refugees at 54.2%. According to UNHCR 2013 report, since 1998, more than 5.5 million people have died in Congo from fighting, disease and malnutrition; 2.5 million people have been internally displaced; and some 500,000 have fled the country's lengthy conflict, with the vast majority living in refugee camps in the Great Lakes and Horn of Africa regions. Approximately 7,000 Congolese refugees reside in Nairobi, making those from the Democratic Republic of the Congo (DRC) the third largest refugee group in Nairobi at (10%), behind Somalis (43%) and Ethiopians (26%), respectively (UNHCR, 2013). The results in Table 2 reflect other scholars' views that country of origin is an important variable among refugees. "Asylum-seekers from certain countries are treated as genuine refugees because the situation in their origin country does not allow

for return (Crawley, 2013). Given the importance of the conditions in the origin country, it is not surprising that it is found to be significant in Neumayer’s (2006) research. Neumayer analyzed a number of variables representing the human rights and economic situation in origin countries and found that refugees and combined recognition rates are positively associated with poor political and civil rights environment.

Table 3 presents the general duration of stay in Kenya by respondents

Table 3: Duration of Stay in Kenya

Duration of stay	Frequency	Percent
under 1 year	7	14
2-3 years	8	17
4-5	22	46
6 years and above	11	23
Total	48	100.0

Findings in Table 3 indicate that out of the 48 participants, a majority, rated at 46% had stayed in Kenya for 4-5 years, 17% had lived in Kenya in 2-3 years bracket, 23% had stayed for 6 years and above while a minority of 14 % had stayed under one year. The variation in duration of stay is a clear reflection of the period in history which had highest influx of refugees in Kenya. From the FGDs. majority of the respondents who had stayed in Kenya for over six years seemed reluctant to repatriate. This could be attributed to significant trend towards drop in psychological distress among them.

Findings on monthly income for the respondents are presented in Table 4

Table 4: Monthly Income

Income in Kshs	Frequency	Percent
Under 5000	27	56.3
6000-10000	11	22.9
11000-15000	10	20.8
Total	48	100.0

Results in Table 4 show that majority of the respondents (56.3%) earned less than Kshs 5000 monthly, while 22.9% were between Kshs 6000-10000, and 20.8% earned an income bracket of (11000-15000). Participants in FGDs unanimously agreed that low income level was a major trigger of psychological distress and therefore negatively affected healing process among refugees. The findings in Table 4 are contrary to the common notion that refugees who reside in urban areas enjoy easy access to UNHCR hence well facilitated. One of respondent confessed that:

Sisi kama wakimbizi tunaishi vitongoji duni na sio rahisi kuenda kwa afisi za UNHCR. Tunawategemea watu wenye nia njema kupata riziki na pia kuendesha biashara ndogo ndogo. Mimi binafsi nauza chai. Ninapoendelea na hii kazi, baadhi ya wakaazi hunidhulumu. Kuna wale hukataa kulipa baada ya kunywa chai. Kipato ambacho kinasalia ni kidogo mno kuniwezesha kukimu mahitaji yangu na watoto saba ninao ishi nao.

This translates to:

We are confined to slum areas, shanty towns or suburbs; it's not easy to travel to the UNHCR offices. We rely on well wishers for support and running small businesses. Personally, I hawk tea. But

in the course of my business, I am harassed by locals. Some refuse to pay for service. I am left with very minimum income to support myself and the seven (7) children under my custody.

The findings in this study support Bogic et al. (2015), assertion that refugees were the most disadvantaged of immigrant and the most likely to fall below the poverty line.

Results on marital status of the respondents are presented in Table 5

Table 5: Marital Status

Status	Frequency	Percent
Single	11	22.9
Married	7	14.6
Single mother/separated	30	62.5
Total	48	100.0

Table 5 indicates that 62.5% of the respondents were single mothers/separated or widowed while 14.6% were married and the rest 22.9% were single. The high percentage of single mothers/separated or widowed could be as a result of often destroyed family structures whenever conflict emerges. FGDs participants said that women often take over non-traditional roles such as the head of household, of which they are seldom prepared. They added that death of a loved one/separation heightens level of psychological distress.

In the next subsection, results of correlation between the demographic variables are presented in Table 6.

Table 6: Correlation between the Demographics

Correlations			Country	Duration in Kenya	Monthly Income	Age	Marital Status
Spearman's rho	Country	Correlation Coefficient	1.000	.666	.744	.894	-.663
		Sig. (2-tailed)		.000	.000	.000	.000
		N	48	48	48	48	48
	Duration in Kenya	Correlation Coefficient	.666	1.000	.905	.785	-.976
		Sig. (2-tailed)	.000		.000	.000	.000
		N	48	48	48	48	48
	Monthly Income	Correlation Coefficient	.744	.905	1.000	.843	-.924
		Sig. (2-tailed)	.000	.000		.000	.000
		N	48	48	48	48	48
	Age	Correlation Coefficient	.894	.785	.843	1.000	-.777
		Sig. (2-tailed)	.000	.000	.000		.000
		N	48	48	48	48	48
	Marital Status	Correlation Coefficient	-.663	-.976	-.924	-.777	1.000
		Sig. (2-tailed)	.000	.000	.000	.000	
		N	48	48	48	48	48

Table 6 shows the correlations of five variables: country of origin, duration in Kenya, monthly income, age and marital status of the respondents of the docudrama film. Demographic variables have a tendency to increase together or to change in opposite directions. Correlation ranges between -1 to 1. Negative correlation implies that the two variables increase/decrease in opposite direction while a positive correlation implies that the variables increase/decrease in the same direction. A high level of

correlation is implied by a correlation coefficient that is greater than 0.5 in absolute terms. A mid level of correlation is implied if the absolute value of the coefficient is greater than 0.2 but less than 0.5. A low level of correlation is implied if the absolute value of the coefficient is less than 0.2.

The statistical package - SPSS system, does not include any of the methods used to estimate the correlation coefficient if one of the variables involved is unranked qualitatively. For this case, country of origin and marital status are not ranked qualitatively so they were not considered.

The correlation coefficient between duration in Kenya and monthly income is > 0 i.e. 0.905. This implies that the two variables have a high level of correlation and change in the same direction. Hence those who had stayed in Kenya for long appeared to have their monthly income increase.

The correlation coefficient between duration in Kenya and Age is > 0 i.e. 0.785. This implies that the two variables have a high level of correlation and change in the same direction.

The correlation coefficient between monthly income and age is > 0 i.e. 0.0.843. This implies that the two variables have a high level of correlation and change in the same direction. Hence as age increases monthly income also increases. In the next section, the study carried out analysis of each objective.

4.2 Study Findings

This section focuses on the study findings based on the objectives set to establish the effect of docudrama films on psychological distress among urban women refugees in Nairobi County, Kenya.

4.2.1 Levels of Psychological Distress among Respondents

This section is based on the first objective of the study which was to establish the levels of psychological distress among refugees in Nairobi County. The findings in this section are in line with the trauma theory which focuses on trauma as an extreme stimulus that overwhelms the mind and makes one have difficulty in relaxing. The key tool applied was Kessler's K-10 scale. The first step was to enumerate the actual psychological distress experiences through an inventory adopted from humanitarian agencies reports (RCK, 2014; UNHCR, 2015). Table 7 shows the psychological distress inventory among the respondents.

Table 7: Psychological Distress Experiences among Refugees

Psychological Distress Experiences	PERCENTAGE	
	(%) Yes	(%)No
1. Evacuated from home	79.2	20.8
2. Joined Refugee camp	20.8	79.2
3. Shortage of Medicine	39.6	60.4
4. Lack of Food	89.6	10.4
5. Possessions Stolen	43.8	56.2
6. Lack of Shelter	75.0	25

7. Shortage of clothing	81.3	18.7
8. Separation from Loved	95.8	4.2
9. Family Beaten	70.8	29.2
10. Ill during the Journey	75.0	25
11. Death of a family member	37.5	62.5
12. A victim of Violence	97.9	2.1
13. Ever Kidnapped	10.4	89.6
14. Disappearance of Loved ones	50.0	50
15. Property Destroyed	79.2	20.8
16. Physically Injured	33.3	66.7
17. Sexually Molested	25.0	75

In Table 7, the study measured war-related psychological distress experiences. Only events likely to have occurred were included in the distress inventory. Respondents indicated with a yes or no answer whether they had experienced each of 17 war-related traumatic events during their transition from their origin country to Kenya. As observed above, there were various factors that caused psychological distress among the refugees but the major experiences included being a victim of violence (97.9%), separating from loved ones (95.8%), lack of food (89.6%), shortage of clothing (81.3%) and property destroyed (79.2%). Experiences like kidnapping and joining refugee camps also caused distress but at a lower rate. Overall, the respondents experienced a high degree of trauma.

The next subsection presents findings on psychological distress levels.

Table 8: Psychological Distress Scores before Watching Films

	Frequency	Valid Percent
10-19 Likely to be well	6	13
20-24 likely to have a mild disorder	10	20
25-29 likely to have a moderate disorder	26	54
30-50 likely to have a severe disorder	6	13
Total	48	100

Results in Table 8 indicate scores for Kessler’s K-10 test. During the pretest 13 % exhibited symptoms of severe disorder while 54% had moderate disorder. The high distress levels exhibited by the respondents concur with Steel, Silove, Phan and Bauman (2002), who assert that exposure to trauma, may lead to a range of psychological reactions, including Posttraumatic Stress Disorder (PTSD). Similarly, those likely to be well scored 13% and those likely to have a mild disorder had a score of 20%. The study further employed Beck’s Depression Inventory to ascertain whether they were depressed as indicated in Table 9.

Table 9: Depression levels before watching Films

Levels	Frequency	Percent
1-10 These ups and downs are considered normal	3	8
11-16 Mild mood disturbance	13	27
17-20 Borderline clinical depression	12	25
21-30 Moderate depression	10	21
31-40 Severe depression	6	13
over 40 Extreme depression	4	6
Total	48	100

Results in Table 9 indicate Beck's Depression Inventory which shows that 27 percent of the respondents had mild mood disturbance, 25 percent had borderline clinical depression while 21 percent were moderately depressed. Minority of the respondents rated at 6 percent had extreme depression while 13 percent exhibited severe depression with 8 percent showing ups and downs that are considered normal.

Fazel (2005) affirms the researcher's use of both Kessler psychological distress scale score and Beck's Depression Inventory to test psychological status of the refugees. Fazel, argues that refugees as a group, experience multiple somatic (or physical) and psychological symptoms that may not specifically be characteristics of posttraumatic stress disorder, depression or other psychiatric disorders. Fazel estimates that up to 10% suffer diagnostic levels of PTSD and depression while approximately 30% have high levels of distress that might require treatment.

The results from the two tests confirm that depression is a subcategory of distress as those found to have no distress had some levels of depression.

The next sub section presents correlation analysis between duration in Kenya and Kessler's scores as indicated in Table 10.

Table 10: Correlation between K10 and Duration before watching Films

Kessler's Score Ratings	Duration of Stay	Correlation Coefficient	Significance Level
10-19 Likely to be well	>6	0.73	0.012
20-24 likely to have a mild disorder	4-5	0.47	0.034
25-29 likely to have a moderate disorder	2-3	-0.32	0.049
30-50 likely to have a severe disorder	<1	-0.67	0.026

Results in Table 10 indicate that there was a high positive correlation between length of stay in Kenya and the likelihood of being well with those staying in Kenya for more than 6 years likely to be well. This correlation coefficient of 0.73 had a strong significance level of 0.012 ($p < 0.05$). Those who had stayed 4-5 years exhibited a positive correlation of 0.47 with a significance level of 0.034. However, those who had stayed 2-3 years had a negative correlation of -0.32, while those who had stayed

for less than one year had a strong negative correlation coefficient of -0.67 with a significance level of 0.026 ($p < 0.05$).

The researcher also correlated the distress scale with other demographics such as monthly income and age in Table 11.

Table 11: Correlation between Distress Levels and Age

Kessler's Score Ratings	Age of Respondents	Correlation Coefficient	Significance Level
10-19 Likely to be well	<18	0.824	0.020
20-24 likely to have a mild disorder	18-25	0.641	0.017
25-29 likely to have a moderate disorder	25-35	0.573	0.012
30-50 likely to have a severe disorder	>35	-0.271	0.037

From Table 11, results indicate that respondents aged below 18 years had a strong positive correlation coefficient of 0.824 showing a high likelihood of being well with a significance level of 0.020 ($p < 0.05$). Similarly, there was a strong positive correlation coefficient of 0.641 and a significance level of 0.017 ($p < 0.05$) for respondents aged between 18-25 and the likelihood to have mild disorder. However, there was a negative correlation coefficient of -0.271 with significance level of 0.037 for the age group of over 35 years likely to have a severe disorder. FGDs pointed out that refugees of over 35 years had many responsibilities and hence the high level of distress in their age groups.

Another factor considered for correlation was level of income as presented in Table

Table 12: Correlation between Income levels and Distress

Kessler's Score Ratings	Level of Income	Correlation Coefficient	Significance Level
10-19 Likely to be well	>15000	0.742	0.016
20-24 likely to have a mild disorder	10000-15000	0.523	0.019
25-29 likely to have a moderate disorder	6000-10000	0.432	0.021
30-50 likely to have a severe disorder	<5000	0.698	0.013

Results from Table 12 indicate that there was a high positive correlation coefficient of 0.742 with a significance level of 0.016 ($p < 0.05$) between those earning above Kshs 15000 and the likelihood to be well. Similarly, there was also a medium positive correlation coefficient of 0.523 with a significance of 0.019 ($p < 0.05$) between those earning 10000-15000 and the likelihood to have mild disorder. There was a low positive correlation coefficient of 0.432 with a significance of 0.021 ($p < 0.05$) and the likelihood to have moderate disorder. Finally there was a high positive correlation coefficient of 0.698 with a significance level of 0.013 for those earning less than Kshs 5000 and the likelihood to have severe disorder.

The findings are in line with the Department of Human Services (2005) study on *Assessment of the Determinants and Epidemiology of Psychological Distress* which reported that people with a household income of less than \$20,000 per annum were statistically more likely to experience psychological distress, while households with above \$60,000 are statistically less likely to experience distress. There appears to be agreement between these two studies, that there is a graduated decrease in psychological distress as the household income increases.

4.2.2 The effect of Cinematic Techniques on the Psychological Distress Levels

The second objective of the study was to establish whether cinematic techniques affect psychological distress among women refugees. Furthermore, the study explores storytelling, metaphors and enactment which are key analysis elements in a docudrama. The key guide in this section is psychoanalytic film theory which emphasizes on direct involvement of cinematography to unmask hidden meaning in images while establishing a link between viewers and film.

In understanding how cinematic techniques such as type of shots camera angles and plot contribute in therapeutic movement among women refugees, the study applied Narrative Arc adopted from Hunter Lew's (2004) as shown in Figure 1.

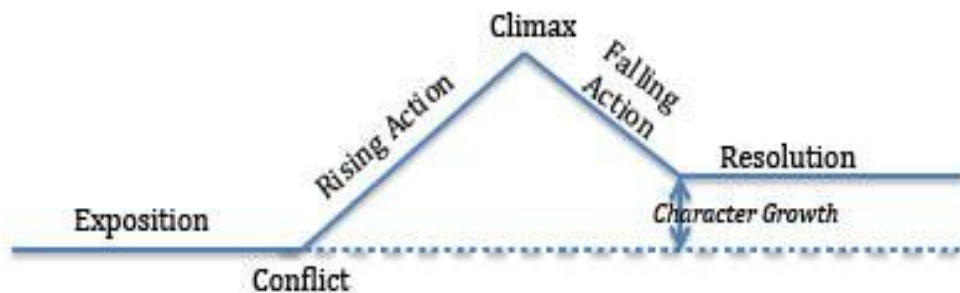


Figure 2: The Narrative Arc (Lewis, 2013)

4.2.2.1 Exposition

In this stage of narrative arc the respondents watched Live and Become and the Good Lie. The two films are docudramas, a genre that combines both factual and fiction content. The study aimed at finding out how this genre is a therapeutic tool among refugees.

Before watching the films, the study facilitated warm up session in order to build rapport with the respondents. Thereafter, the participants assembled in the hall to view the film. The researcher guided the participants on the things to look for in the film and posed a few questions after every fifteen minutes. The study team together with FDGs keenly observed how the events unfolded both in the film and reactions from the participants.

In Live and Become, the film unfolds with a documentary technique. The documentary content is evident in the first three minutes when the film starts. We get to hear a voice over accompanied with photographs of the really events. In this opening scene participants are exposed to information that later helps them to understand the unfolding story. The narrator gives a full explanation of what took place.

They had been forgotten on their mountain tops near Gondar. Yet since the dawn of time, the Ethiopian Jews known as the Falashas, dreamed of returning to their homeland, their holy land of Jerusalem. In 1984, with Israel and US aid, a vast programme was undertaken from November to January 1985 to transport the Ethiopian Jews to Israel. The Falashas were returned and finally recognized as descendants of King Solomon and Queen of Sheba. The Israel Secret Service carried out the operation in the sky, keeping it from Mengistu, pro-soviet regime who had prohibited them emigration. The Falashas walked from Ethiopia to Sudan, a Muslim

country under Sharia law. There they had to hide their Jewish identity under pain of death. In Sudan, planes awaited to take them to Israel. On the road hundreds died of sickness, famine and exhaustion, while others were killed by bandits. In the 1980s the Sudanese camps welcomed thousands of Africans from 26 countries who were prey of famine. The Africans were Christians, Muslims and Clandestine Jews. The first secret airlift operation known as 'Operation Moses' saved 8000 Ethiopian jews. 4000 died on the road between Ethiopia and Sudan. They were murdered, tortured or suffered from famine, thirst and exhaustion. Many children reached the holy land alone as orphans.

The use of actual footage and later recreation of actual people authenticates Gary Rhodes and Springer (2006) description of docudramas as those films that combine documentary content with a fictional form. The above voice over narration is accompanied by different shots that impacted the participants differently as indicated in figure 3, 4 and 5.



Figure 3: Distraught Child. Source: Live and Become

Figure 3 is an extreme close up shot of an abandoned child in Ethiopia. It appears during the first three minutes. The shot amplifies emotional intensity. The camera is put right in the actor's face, making even his smallest emotional cues huge. This shot

is created at a camera angle of equal eye line level of the subject and of the audience. It is used to reveal the emotions of the child.

In this study, the shot succeeded in getting the participants involved in the story and provoked their empathy. It raised the intensity of the problems behind them. It triggered the respondents to remember their fateful journey to Kenya that saw their young ones die along the way due lack of food and long distance.

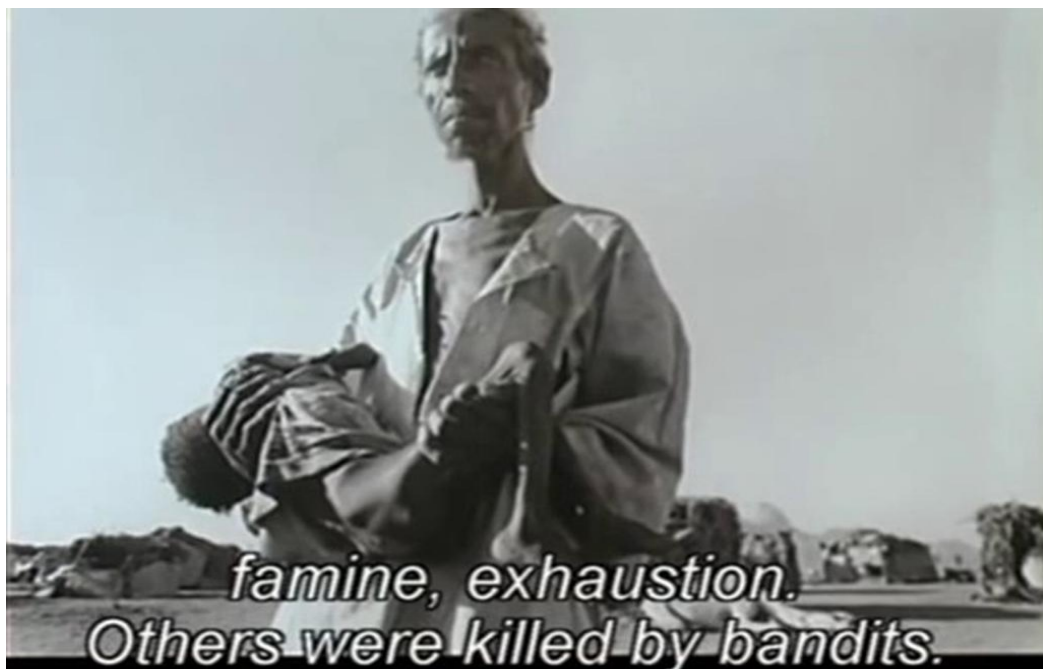


Figure 4: Adult carrying Emaciated Child. Source: Live and Become

Figure 4 is a wide shot of a man carrying a devastated child. The wide shot depicts emaciated characters and a dry environment. It gives details of their costume, expression of emotions and their relationship in the scene. This shot has been taken at a camera angle of lower eye line level that makes the subjects in the shot appear higher placed above the viewers' eye line level. The cinematographer's choice of shot

helped the participants to relate with the suffering of the subject. It made them to gain new and valuable perspectives in their lives. The filmmaker uses captions of the scene together with a voice over. This captioning technique concurs with Derek Paget's opinion of what a docudrama is. He outlines: 'the first key convention of the form is direct reference to real life events, usually by means of captions' or through a declaration made by the voiceover (Paget, 2013, p. 63).



Figure 5: Aerial View of Refugee Camp. Source: Live and Become

Figure 5 is an extreme long shot. It is used as an establishing shot in the film Live and Become. It gives details of the landscape and the settings of where the film begins. It is a refugee camp which is apparently home to the many victims. This shot was composed from a camera angle of a birds-eye view which makes objects appear lower than the eye- line of the cinematographer and the viewer. The shot appears in the first episode of the Live and Become film. Since the actual story revolves around the Sudanese refugee camp of 1980s, the cinematographer uses this establishing shot to make the viewer believe that the whole story is a truthful portrayal of the events. This

effort is in line with Formenti (2014) who observed that docudrama asks the viewer to consider the film he is watching as a truthful portrayal of the events depicted, despite its reliance on fictional narrative strategies and aesthetics. In other words, the filmmaker requests the audience to view their films as if they were documentaries.

The participants were drawn to believe that this was a true story revolving around an asylum seeker. Every time he overcame any challenge in the foreign land, it gave them hope to press on. The next section of the narrative act deals with rising action.

4.2.2.2 Rising Action



Figure 6: A Refugee Surrendering. Source: The Good Lie

Figure 6 is deep focus photography in a long shot. The shot indicates Theo, one of the main characters in The Good Lie. He is surrendering to the enemy in order to protect his younger brothers. Deep focus cinematography is achieved through a camera angle of the same eye line level with the viewer. It makes the viewer to get detailed

information of the event taking place. It guides viewer's attention from one character to another or from a foreground action to a background smoothly. According to Mulvey (2012), deep focus refers to having everything in the frame, even the background, in focus at the same time, as opposed to having only the people and things in the foreground in focus. Deep focus in figure 6 above does not only show a hopeless refugee in the foreground but also exposes the soldiers in the middle ground and a forest in the background. Deep focus was most effective as it depicted the refugee's loss of control and his personal isolation as it gave the participant a clear view of space the armed soldier commanded as well as space over which he had no power.

In this study, the cinematographer's choice of deep focus played a very important role among the participants. The filmmaker was able to showcase overlapping actions of soldiers ready to attack, Theo surrendering and *mise-en-scène*. The participants had already started identifying with Theo and Masere as their heroes in the film. Therefore, they would not have wished the director to quickly eliminate them from the story. The shot partially blurred the soldiers since they were placed in middle and background. The distance of the camera from its subject reflected an emotional distance; the audience did not get as emotionally involved in what is going on as they would if it were a close up shot. However, by putting Theo on the foreground, the deep focus cinematography succeeded in making the participants to consider him as an enigma, a tortured man who was ready to sacrifice himself for the sake of his friends' hence inevitably invoked sympathy.

The next shot in Figure 7 is slightly different focusing on the theme of separation.



Figure 7: Schlomo and his Mother when getting ready to be separated. Source: Live and Become

Figure 7 is an image of Schlomo's mother who intends to let go a child to a foreign land for a better life. The nine-year-old Schlomo and his widowed Christian mother, are the last survivors of a family destroyed by famine and war. They are currently staying at the same camp. It is a wide close up shot that shows both personal emotions and the relationship between Schlomo and his mother. It has been achieved at a camera angle of equal eye line level of the cameraman and the subject. This scene exposes conflict the protagonist has started facing. When the small son of a Falasha widow dies shortly after being accepted for transportation, she agrees to take the Gentile boy in his place and she gives him the name Solomon, or Schlomo. It intensifies emotion that arises as a result of abandonment; that most refugees closely identify with, hence its therapeutic role on the participants. After rising action, the next stage of narrative arc is the climax.

4.2.2.3 Climax



Figure 8: Bedridden Hana addressing Schlomo. Source: Live and Become

Figure 8 is an over-shoulder panning shot. Though the cinematographer did not perfectly execute the shot, it still shows details of both the subject and the objects she relates with. This is Hana in a hospital bed addressing Schlomo before she died. It happens soon after her arrival in Israel. She dies of tuberculosis. She is cautioning him never to reveal his identity since he would be shipped back to Ethiopia. This over the shoulder shot is composed through a camera angle of a birds-eye view. The camera focuses down on the subject. This shot brings out the guilt and challenges Schlomo bears for living a lie. The cinematographer uses point of view technique through which the viewer is able to see Schlomo's surrogate mother last minute reaction towards Schlomo. The camera shot allowed participants to identify with Hana from whose point of view we see the scene. Thereafter, the film cuts back to Schlomo to show the heightened tension and his reaction towards the last words of Hana. The climax of Schlomo's predicament is portrayed through the actions of four women: his birth mother, his surrogate mother, his foster mother, and Sarah, a white young woman who pursues him for ten years before they marry.

While in Israeli, Schlomo faces many barriers that contribute towards the climax of the film. He encounters social and cultural hurdles. He angrily acts out his frustration in a boarding school in Tel Aviv and is sent for adoption to a left-wing French Sephardic family. Through motion pictures the cinematographer takes us through a pattern in which characters like Schlomo in Live and Become and Theo in Good Lie are introduced in their usual, everyday; famine stricken environments, which are then interrupted or disrupted by some problem. Both Theo and Schlomo are then challenged to solve this problem. While attempting to solve this problem, they must overcome obstacles. The two characters face both intrinsic and extrinsic conflicts within their environment or within themselves. The director of Live and Become succeeds to create meaning by introducing the above stated conflicts in the life of Schlomo. The heightened conflicts that the protagonist faces provide a therapeutic path for the study respondents. The way Schlomo responds to these conflicts is part of what gives the entire story meaning. The next stage of narrative arc deals with action falling and resolution.

4.2.2.4 Action Falling and Resolution

As the two films Good Lie and Live and Become draw to a close, the narrative arc descends into a resolution. The conflicts faced by Schlomo and Theo are resolved favourably. We see them better off than when the films begun.



Figure 9: A Positively Emotional Re-union between Schlomo and his Mother. Source: Live and Become

Figure 9 shows Schlomo and his mother in a re-union embrace after he returns to his motherland. This is a wide close up that reveals the reactions and expression of emotions by the two characters. This shot is composed at a camera angle of low eye line level. It places the objects in the frame at a higher level than the eye line of the viewer.

Schlomo seems to have pledged allegiance to the command from his mother of 'Go. Live. Become.' Schlomo had tried to cling to his mother in Sudan when she told him to leave for Israel. She tells him that he must pretend to be a Jew and instructs him to remember that his name is Solomon, his father's name was Isaac, and his sister's name was Aster. Schlomo keeps the command. Fifteen years, down the line, Schlomo emerges victorious. He joins medical school, becomes a doctor and later he is reunited with his mother. The participants were excited when the two re-united. According to one of the participant, Schlomo's reunification with his mother gave them hope of reconnecting with their families too.



Figure 10: A Positive Re-Union between Masere and his Friend. Source: The Good Lie

Figure 10 is a medium close up shot that shows Masere and his friend after coming back from USA. The two are excited seeing each other after a long period of separation. The shot gives us details of the setting and actions of the re-united refugee brothers. The shot makes participants long for a better tomorrow of reconnecting with their loved ones. It gives them hope hence its therapeutic ability.

4.2.2.5 Metaphors, Narrative and Enactment

This section focuses on the key docudrama elements comprising metaphors, narrative and enactment. The key guide in this section is psychoanalytic film and psychodramatic theories. The two theories support the use of fantasy, metaphorical representation and reframing through enactment.

a) Metaphors

Metaphors are visual elements in any film that are remembered for their content in telling the story and the emotional power they impact on the audience. According to Semino (2008), metaphor is the phenomenon whereby we talk, and potentially think about something in terms of something else. Ylvisaker, Mcpherson, Kayes and Pellet (2008) defines metaphor as that consistent, recurring images of a life story that give coherence to, and aid in, the interpretation of the events of that life and are used by clients to both circumscribe and frame possible solutions to the problems in their lives. Groth-Marnat (2009) describes metaphors as bypassing conscious resistance while speaking directly to the part of the personality that controls change.

In this study, different metaphors in the two selected films helped the participants in therapeutic process. In order to find out from the participants if they identified any metaphors in the films, the researcher asked them the following questions which elicited different responses: “How did characterization in the films help you think about your life experiences as a refugee?”

Table 13: Percentage Score on Effectiveness of Characterisation

Table 13 shows that the total number of the respondents in the experimental group of this study was 24, of which 87.5% asserted that the actions of some of the characters

	Frequency/Percentage		
Response from Participants	Yes	No	Total
	84		
The actions of the characters	21(87.3%)	3(12.5%)	24 (100%)
What other characters said about others	6(25%)	18 (75%)	24 (100%)

helped them think about their life experiences while 25% alluded to what characters said about others. When the researcher asked about the connection the participants found between life experiences and the activities encountered during watching the film, the results in Table 14 were recorded.

Table 14: Real Life Experiences versus Film Activities

Response from Participants	Frequency/Percentage		
	Yes	No	Total
Face similar problems	18(75%)	6(25%)	24 (100%)
It's painful to separate from loved ones	21(87.5%)	3 (12.5%)	24 (100%)
Memories about home can never fade away	14(58.3%)	10(41.7%)	24(100%)
Language barrier is a big challenge	6(25%)	18(75%)	24(100%)

In this study, majority of the respondents found a connection between life experiences and the activities encountered in the film. 87.5% positively associated with the pain to separate from the loved ones when war breaks out in ones country, 75% confessed to have faced similar problems as protagonists in the two films while 58% related with the fact that memories about their original home can never fade away. A minority (6%) found a connection between language barrier faced by themselves as refugees and similar experiences of characters in the films.

Later, the researcher spent time explaining to the participants the meaning of a metaphor. After they confirmed that they had understood, the researcher finally asked how the metaphors used in the films made them want to talk about their life experiences. Table 15 shows some of the metaphors identified by the participants.

Table 15: Metaphors Identified in Films

Response from Participants	Frequency/Percentage		
	Yes	No	Total
The moon	18(75%)	6(25%)	24 (100%)
Aeroplane	6(25%)	18(75%)	24 (100%)
Gun sound	14(58.3%)	10(41.7%)	24(100%)
Characters like Schlomo and Theo	21(87.5%)	3 (12.5%)	24(100%)

A majority of the respondents (87.5%) identified protagonists in the two films as metaphors, 75% identified moon while 25% and 58.3% pointed out Aeroplane and Gun sounds respectively. The researcher was interested in finding out how the identified metaphors were symbolic to the participants. One of them said, the protagonist in Live and Become Schlomo, symbolizes hope. She stated that:

Schlomo's story clearly reflects what I have gone through since war broke out in my Country. First, I separated from my parents. I don't know where they are up to date. My school going siblings who managed to arrive in Kenya are being discriminated in Kenyan schools just like Schlomo in Israel. Back in Burundi, my siblings didn't learn English. Schools in Kenya mostly use English language. It is so discouraging to even see how our neighbours discriminate us. They stereotype us. However, after watching how Schlomo overcame discrimination in school, furthered his education to become a doctor, managed to communicate with his family back in Ethiopia, I am hopeful that I will also reunite with my parents

The confession by the above respondent that the protagonist made her hopeful, shows how film therapy can help in the healing process among traumatized people. Some of the participants acknowledged to have gained new strength and compassion.

This is in line with Wolz Birgit (2013) who asserts that:

Identifying with a character can help clients develop ego strength as they recall forgotten inner resources and become aware of the right opportunity for those resources to be applied. As clients identify with a film character they see their own issues unfold. This brings to life issues they previously wanted to avoid. Viewing characters in combination with the subsequent reflection in individual or group therapy allows clients to process their feelings with a sense of increased safety. Understanding reactions to characters, who are "different" and unlikable can guide the client to discover in the "shadow" of their own psyche and story their true self and their potential. (p.46)

The respondents also identified moon as a metaphorical representation of reconnection to the original. Every time Schlomo was thinking about his mother, the moon appeared. It happened when he and his fellow Ethiopians arrived in Israel at night. He peeped through the window, his eyes landed on the moon and he called out mama in a low voice. When Schlomo read the letter he intended to send to his girlfriend the moon appeared again.

The moon triggered the participants to start sharing their stories about their original homes before war broke out. According to one of the refugees, the moon was a symbol of reconnection with the original life.

Kila wakati ninapo tazama mwezi kwenye cinema, ninakumbuka zile siku tulikuwa na wakati mzuri na jamii yetu kila usiku. Mazingara yalikuwa mazuri. tungecheka nakushiriki yote tumepitia mchana kutwa tukiketi kwenye veranda. Tullipata mwangaza kutoka kwa mwezi. Hatukuhitaji mwangaza mwingine tena.

In English this translates to:

Every time I see the moon in the film it reminds me of the days we spend good time with my family members at night. The environment was peaceful and serene. We could laugh; share our day's activities while sitting at the Verandah. The moon provided enough light for us. We didn't require any other source of light.

Gun symbolized death and discomfort. None of the refugee liked its sound or sight. It reminded them of the militia and enemies. Every time gun shots were heard in films, they blocked their ears, some walked out of the hall. They faced down and raised their hands up. This scene seemed to trigger their past war experiences. Some women refugee could not stand the site of the soldiers shooting people. They kept discussing in small groups in their native language. They watched the episode in despair. They could not stomach the site of the kids drinking urine. Some cried throughout the screening. Others appeared speechless and kept in a sorrowful state emotionally and physically.

Airplane symbolized relief. Theo and the brothers, in the Good Lie saw it as a sign of relief. It ferried those who got scholarship to study in United States of America or brought them relief food. The participants viewed it as a source of new beginning.

One of the participants commented that:

Nilipoona ndege ikiwabeba Theo na ndugu zake, ilinipa matumaini ya kupata nafasi ya kuhamia nchi za ngambo. Huwa ninaishi vitongoji duni kule kayole. Wanaume hutusumbua kila mara wakihitaji kulala na sisi. Naamini siku moja nitatoka kwa haya mateso. Nilipotoka Congo, nilifikiria nitapata maisha mazuri hapa Kenya. La, haikuwa hivyo. Huwa nang'ang'ana kila siku na watoto wangu saba. Silali vizuri. Juzi baada ya kutazama sinema, nimekuwa na ndoto ya mfululizo nikiona nikipaa kwenye ndege. Huenda hivi karibuni pia mimi nikaenda ng'ambo.

In English this translates to.

Seeing the plane come for Theo and his brothers, gave me hope of flying to developed countries. I stay in shanties in Kayole. Men always harass and demand sexual favours. I believe one day I will get out of this torture. When I left Congo, I hoped for a better stay in Kenya. I hoped for comfort. But, no, life hasn't been easy. I

struggle everyday to feed my 7 children. I can't sleep well. But recently after watching the films, I keep dreaming of Aeorplanes taking me away. I think soon, I might also be like Schlomo and Theo.

The change of perception by the above quoted participant supports the notion that therapeutic objective of metaphors is to introduce movement and open the client and therapist to the possibility of change (Gonçalves & Craine, 1990).

The ability of participants to narrate their own stories after being triggered by some of the metaphors in the story implies that the films proposed by the researcher offered metaphors that the participants were familiar with and they could relate easily. Foody *et al* (2014) suggest that metaphors are most effective when they are understood by the client and are drawn from the 'common sense' world of everyday objects. The understanding of a metaphor is dependent on the familiarity with both the topic and the vehicle of the metaphor and the 'distance' between the two. The above findings reported on metaphors are in tandem with provisions of psychoanalytic film theory which stresses on the use of metaphors for unmasking hidden messages (Hyde, 2015).

Narrative and Enactment

According to Miller (2015), projection, identification, empathy, imagination, and imitation are key processes when it comes to people and storytelling. People project themselves into story characters. They tend to identify, and feel empathy, with the characters. This occurs through the use of people's powers of imagination. People may then imitate the characters of their favourite stories. Miller further claims that 'Playing and working with stories from TV shows, movies, books, folklore, and

mythology might give the client some sense of relaxation and fun, rather than facing the pressure of constantly thinking directly about his/her own situation.’

In the films The Good Lie and Live and Become, the characters used portrayed the struggles people go through when famine, war, conflict or any form of disaster strike. In both films, there was rich development of conflicts as the main stories were developed along with the minor stories that were purposely incorporated to entertain and relieve the tension of the main conflicts to the audiences. In the movie The Good Lie, we had the main conflict of people suffering and struggling to seek safety as refugees. There were other minor stories that pushed the plot such as the conflict between Paul and Masere.

In this study, the researcher exposed to the participants stories from the two films. Before watching the films the researcher together with the therapist facilitated Interactive warm-ups. The objective of this session was to ensure the participants became acquainted and learned to interact without fear. Later they were divided into small groups. Group members were encouraged to respond verbally or through active techniques like enactment.

The study further delved into the participants mind by asking them to think about what happened in their past, how they felt, and what the films reminded them of.

However, the participants seemed reluctant to share their own stories in groups. The therapist changed strategy and asked them to pair up. It was now easy for them to share their personal encounter in relation to the films they had watched. Thereafter,

each participant was allowed to share the story of her partner with the entire therapy group.

One of the participants recounted how the war broke out. This was after viewing the Good Lie a film that is based on a story of African refugees.

Milio wa bunduki kwenye filamu ya Good Lie imenikumbusha bunduki nilizosikia nikiwa Congo kabla sijakuwa mkimbizi. Nakumbuka vita ilianza jumapili kwa ghafla. Nilikuwa nimeembelea rafiki yangu. Wafuasi wa M23 walikuwa wanapigana na wanajeshi wa serikali. Ilibidi tukimbilie usalama wetu. Tulikutana na wengine njiani tulioambatana nao hadi Kenya. Tulipebwa kama mizigo kwa magari makubwa ya mizigo. Tangu hiyo siku sijawai kutana na familia yangu tena. Tulisimama pale Kampala, Uganda. Tulikaa pale bila nyumba. Baadaye tulipatana na marifiki wapya ambao walitufunza mbinu mpya ya kutumia ili kufika Kenya. Nilikuwa na miaka kumi na sita wakati ule na sasa nimefikisha ishirini. Nilipofika Kenya niliishi na wamama wengine kutoka Congo. Tuliishi watu kumi kwa nyumba moja. Baadaye nilijifunza kazi ya kusuka nywele na sasa naishi pekee yangu.

In English this translates to:

The gunshots in the film, The Good Lie reminded me of the gunshots I heard while in Congo before becoming a refugee. I remember, the war began on a Sunday. I was at a friend's place when the war broke out. M23 rebels were the ones fighting the government soldiers during the war but I did not have a clue as to why they were fighting. My friend and I had to run for safety. We met other people who helped us find a way out of our home. The journey to Kenya was not easy. We were transported like luggage via the long transit trailers. I separated from my family members and I have never heard from them again.

After running away from Congo, our first stop over was at Kampala. We survived there without shelter. Some of the new friends who were en route to Kenya taught us tactics on how to cross over to Kenya without being nabbed by the authority. I arrived in Kenya when I was 16 years and now I am 20 years old. Upon arrival I was adopted by a fellow Congolese refugee lady where I lived for sometime. We were 10 in total in that house. Later, I got some training in beauty and hair dressing. I have managed to save and as per now I am staying alone.

When the first story was presented, other participants seemed also motivated to share their versions. Those who were willing to share their stories alluded the motivation to a number of factors: facilitator's keen interest and emotional connection with the first narrator. According to some of them, it was a totally new experience for the refugees to have men (facilitators in a foreign country) who could spend time and listen to their stories. They also applauded the strategy of putting them into smaller friendly groups.

As one of them confessed:

Tangu niwe mkimbizi, sijaona mwanaume yeyote akiketi chini na kusikiza mambo ninayoyapitia. Nimekuwa nikijitazama kama mtu duni ambaye hana manufaa yeyote hapa ulimwenguni. Nimetiwa changamoto nilivyomtazama counselor wetu alivyonekana kutujali sana wakati mwenzangu alisimulia hadithi yake. Amenipa motisha ya kushiriki hadithi yangu pia.

Translated to:

Since I became a refugee, I have never seen any man who has given me total attention and listened to my challenges. I have always looked down upon myself. Today, I was challenged when I saw how the counselor got so deeply and emotionally connected to my friend's story. He has motivated me to narrate my story also.

The therapeutic impact lay in the fact that the participants had been divided in small groups and the facilitator's ability to make participants more appreciated and listened to. This observation is in agreement with Myerhoff (1986) who suggests that "outsider witnesses serve as reflecting and amplifying tools, thus rendering the unseen, seen". It is also supported by psychodramatic theory (Blatner, 2002) which advocates for change in behavior through development of new perceptions, experience of spontaneity using actions, words, and dramatization and finally role play that enabled them to have insights into various complexes of themselves.

Kellerman (2007) asserts that major traumatic events such as war, terrorist bombings and natural disasters, transcend the realms of individual suffering and enter the universal and collective sphere. In the long run, collective trauma needs a group setting for its proper exploration and resolution.

The second participant who previously seemed so emotionless and depressed during the first few days of the research also volunteered to narrate about her Journey from Burundi.

Nilitoka Bujumbura. Nilisomea kuwa muuguzi. Kabla ya vita, nilikua na duka la kuuza madawa. Baadaye tulikuwa na shida ya kisiasa na wapinzani wakazua vita. Pale nilipokuwa, walinishuku kuwa nilikuwa mmoja wa wapinzani. Katika zile harakati za vurugu, vilipuzi vilitupwa lakini bahati nzuri hatukufa. Tulipotoka apo sasa ilibidi tuanze safari ya kutoka Burundi kuenda Rwanda kutafuta amani, Kufika kule Rwanda tukakutana na baadhi ya wale watu tuliokua nao Burundi waliokuwa wakitushuku tuko upinzani. Nilijawa na uoga kwa kuwa nilifikiri wataita wale watu waliokuwa wanatutafuta kutumaliza, kwa ivyo tukaanza safari kuja Kenya. Katika safari nilikua na mtoto mgonjwa. Ilikua ngumu sana kumhudumia kwa kuwa hatukuwa na vifaa wala chakula. Aliaga kabla tufike Kenya. Tulipofika mpakani ikawa shida nyingine kwa sababu hatukuwa na stakabadhi za kuvuka mpaka. Ilibidi nitumie pesa nilizokua nazo kulipa dereva wa magari ili watuvushe. Kufika huku Kenya tukapitia changamoto pia.

In English this translated to:

I came from Bujumbura. I was trained as a nurse before war broke out. I owned a pharmacy shop. Later, political division between the government in power and the opposition party arose. War broke out. Where I used to stay they suspected me to be part of the opposition faction. Those in power used grenades against us. Luckily enough, I was not killed during the incident. We left together with some of my children and headed to Rwanda. On reaching there, I coincidentally met with some of the people who had attacked us back in Burundi. I was so scared because I thought they would liaise with their team that targeted killing us. We resolved to leave Rwanda for Kenya. One of my daughters had high blood pressure. It was difficult to sustain her all the way. She passed on before reaching Kenya. At the border, we were forced to

bribe in order crossover since we didn't have valid passports that were a prerequisite of crossing the border.

The storytelling activity acted as a therapeutic path for the women refugees as they told their unique experiences ranging from before eviction, during their journey to Kenya and their current challenges as refugees. The responsibility of the researcher entailed retelling the story after viewing the film in phases of 15 minutes and then asking the listeners some questions about the story. The therapeutic process lay in the relationship between the film stories, the guided questions and the interaction between the participants. Through this, the women were able to see the commonalities that they shared and the need to forge ahead as a group.

The study emphasized on the need for refugees to learn that many other people globally have faced similar challenges. He encouraged the participants to stop viewing themselves as an isolated case instead to learn from how the characters in the film overcame similar challenges. The therapist invited participants to step out of problem-saturated descriptions of their identity. He listened and capitalized on traces of positive skills and memories in the stories of abandonment and oppression narrated by the participants.

After five therapy sessions, focus group members advanced to becoming helpers and assistant facilitators, coordinating small group work. The therapeutic effectiveness lay in the storyteller's delivery of the story and acting as leaders of small groups where they had responsibility of helping the rest to cope and overcome traumatic memories.

This process of discussing the films with the participants became an essential part of film therapy. The participants answered questions posed by their group leaders. They eventually engaged in retelling the story, which was an indirect way for them to organize their lives into stories. The film therapy sessions externalized the refugee problems either consciously or unconsciously. As freedman and Combs (1996) put it, “The person is not the problem, the problem is the problem”

The fact that some refugees seemed to recover after watching the Good Lie which was introduced as a war story contradicts O’Brien’s view about true war stories. He argues,

A true war story is never moral. It does not instruct, nor encourage virtue, nor suggest models of proper human behavior, nor restrain men from doing the things men have always done. If a story seems moral, do not believe it. If at the end of a war story you feel uplifted or if you feel that some small bit of rectitude has been salvaged from the larger waste, then you have been made the victim of a very old and terrible lie. There is no rectitude whatsoever. There is no virtue. As a first rule of thumb, therefore, you can tell a true war story by its absolute and uncompromising allegiance to obscenity and evil. (Timmerman, 2000, p. 114)

Conclusion

This chapter presented the role of cinematic techniques, metaphors, narration and enactment in reducing psychological distress among women refugees. The results indicate a positive significant correlation between cinematic elements and reduction of psychological distress.

4.2.3 Effectiveness of Docudrama Films on the Levels of Psychological Distress

The overall goal of this study was to demonstrate that docudrama film is a trauma therapeutic tool among urban women refugees. In order to scientifically prove if there was any significant change between film and healing process among traumatized refugees, the researcher used Beck's Depression Inventory and Kessler's Psychological Distress Scale.

The results in this section show the change realized among the participants after the therapy sessions.

Table 16: Beck's Depression Inventory Trauma Shift

Cases	Trauma Level: Total Score	
	Before	After
Case #1	26 (Moderate Depression)	21(Moderate Depression)
Case #2	19(Borderline clinical depression)	16 (Mild mood disturbance)
Case #3	14 (Mild mood disturbance)	11 (Mild mood disturbance)
Case #4	13(Mild mood disturbance)	6(These ups and downs are considered normal)
Case #5	30(Moderate depression)	20(Borderline clinical depression)
Case #6	28(Moderate depression)	21(Moderate depression)
Case #7	14(Mild mood disturbance)	12(Mild mood disturbance)
Case #8	20(Borderline clinical depression)	16(Mild mood disturbance)
Case #9	13(Mild mood disturbance)	10(Ups and down)
Case #10	27(Moderate depression)	19(Borderline clinical depression)
Case #11	18(Borderline clinical depression)	16(Mild mood disturbance)
Case #12	13(Mild mood disturbance)	9(These ups and downs are considered normal)
Case #13	29(Moderate)	19(Borderline)

Case #14	15(Mild mood)		10 (Ups and down)
Case #15	16(Mild mood)		09 (Ups and down)
Case #16	19(Borderline depression)	clinical	15(Mild mood disturbance)
Case #17	10(Ups and down)		6(Ups and down)
Case #18	10(Up and down)		5(Ups and down considered normal)
Case #19	26(Moderate)		21(Borderline)
Case #20	9(Ups and down)		8(Ups and down)
Case #21	15(Mild mood disturbance)		10(Ups and down)
Case #22	19 (Borderline clinical depression)		15 (Mild mood disturbance)
Case #23	32(Borderline clinical depression)		21(Moderate depression)
Case# 24	16 (Mild mood disturbance)		10(Ups and down)

The study used Beck's Depression Inventory to score levels of depression among the participants. From the study, it was observed that most cases, 75% (18 cases) dropped in the level of depression, while the remaining 25% (6 cases) of the respondents didn't change after watching docudrama films assigned to them. The drop in the depression levels after watching the films could be based on the fact that films transmit ideas through emotion rather than intellect. Similarly, films suppress feelings and trigger emotional release (Chung *et al*, 2006). One of the participant's confessions after watching the films puts this into perspective.

Nimefuraia sana hii cinema. Hayo maisha Schlomo amepitia yamenikumbusha shida ambazo zimenikumba tangu nitoke kwenye inchi yangu. Ingawa nilikuwa nimekata tama, nimepata tumaini nilivyo ona namna Schlomo anavyokabiliana na changamoto kama mkimbizi kule Israeli. Kwa maana aliweza kufaulu kusoma na kutafuta njia ya kuwasiliana na jamii yake

tena kule Ethiopia, nina imani pia mimi nitaweza kurejea nchi yangu tena.

In English this translates to:

I am happy with the film I watched. The life Schlomo went through reminded me the problems I have encountered since I left my origin country. Though I had lost hope, I have been encouraged after seeing how Schlomo overcame the challenges as a refugee in Israel. He was able to go to school in a foreign country, and later looked for ways of communicating with his family back in Ethiopia. His fighting spirit gave me strength to press on and look at life positively. I am hopeful that I will also be able to go back to my origin home again.

From the above confession, we can deduce that film characters modelled hope, courage, and strength, helping the participants through their therapeutic journey. Their reactions to the characters in films taught them much about who they were, their inner potential and what they could do to further their personal growth. The participants confessed to have learnt most from characters that touched them with their optimism, demeanour, or actions.

During the FGD, one of the participant commented that ‘film is like looking into a mirror of our internal, usually, we identify with characters when we recognize ourselves in them. They remind us of how we see ourselves. Whatever we like or dislike in a character is usually what we like or dislike in ourselves.’

This notion authenticates Moring (2012) assertion that some clients gain insights towards resolving their problems by identifying with fictional characters; they can explore possible unconscious issues and adjust problem - solving techniques to their unique situations.

Filmmakers employ dramatic conflict and mise en scene to create an emotional impact on the viewers (Gabriel, 2011). In this study, Director Radu Mihaileanu, creates meaning by introducing conflicts in the life of Schlomo. The way he responds to these conflicts is part of what gives the story meaning and makes the respondents identify with him. For instance the director of the film *Live and Become* positively contributes to the emotional impact through dramatic conflict. He achieves this by making Schlomo, the protagonist in the film to go through many challenges. When the film unfolds, it's full of suspense.

The story begins in 1985, when the boy is 9 and living with his mother in a squalid refugee camp in Sudan. In the wrenching opening scene the mother (Meskie Shibu Sivan) forces her weeping son to leave her side and join the transport of Ethiopian Jews to Israel in the secret Israeli airlift code-named Operation Moses. As we move from exposition to rising action of the film we keep asking; Can Schlomo convince the Israeli authorities that he's a Jew? Will he survive when he is shunned by his schoolmates, whose parents demand that he be withdrawn because he is exposing their children to exotic African diseases? Will he overcome virulent racism of Sarah's father when he falls in love with Sarah, the white girl?

According to Martin (2014), mise-en-scene entails various aspects of the film (cinematography, lighting, acting style, art direction, costume, props and color) and how they work together to create a greater whole. In *Live and Become* Film in the exposition or establishing scene, the director introduces the time, place, cultural context, and characters within a refugee camp. Thereafter, we are shown the images of Ethiopians children with distended bellies clinging to life as a Western television

announcer comments about their depressing fate. No one, however, speaks for the children.

Though the film seems to begin in a state of equilibrium, the screenplay and director upset the equilibrium of the refugee camp and that of Schlomo when he separates him from his mother. At this point, the attention of the respondent became rooted in Schlomo who moves through time and space to reach a goal or return to a state of equilibrium. One of the respondents commented that:

Nataka kuona jinsi Schlomo ataishi bila mama yake. Yeye ni kijana mdogo na mimi kama mama singeruhusu aende pekee yake kwa nchi ya ng'ambo.

In English this translates to:

I am looking forward to see how Schlomo survives without his mother. He is still very young and as a mother I don't think I would let him go alone to a foreign country.'

The editing and camera movement made the actor's (Schlomo's adoptive mother) gesture of collapsing and sobbing emotionally affect the viewers. Some respondents broke down in tears.

Table 17: K-10 Scores after Watching Films

	Frequency	Percent
10-19 Likely to be well	1	4.2
20-24 likely to have a mild disorder	3	12.5
25-29 likely to have a moderate disorder	13	54.2
30-50 likely to have a severe disorder	7	29.2
Total	24	100.0

Results in Table 17 indicate that after watching the films in 10 therapy sessions, there was a remarkable decrease in the distress level among the participants. For instance, 4.2% were in the (likely to be well) bracket, 12.5% (mild disorder), 54.2 % (moderate disorder), and only 29.2% remained in the severe disorder scale.

The next section sought to further test the significance of relationship between depression levels of the participants before and after docudrama therapy. The study used a t-test to establish the relationship. The outputs are found in Table 18 and 19 summarize the findings using Beck’s Depression Inventory.

For the treatment group, the study tested the hypothesis as follows:

Ho: The means in two groups (pretest and posttest) are the same.

Ha: The means in the two groups are different.

The software output was presented in Table 18.

Table 18: Paired T-Test for the Experimental Group on Depression Levels

		Mean	Paired Differences		95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
			Std. Deviation	Std. Error Mean	Lower	Upper			
Pair 1	pretest - Posttest	.75000	.44233	.09029	.56322	.93678	8.307	23	.000

The p value is 0.00, at 95% confidence level; therefore, the study rejected the null hypothesis and concluded that the two means from the two groups are different. The level of depression was different in the two groups having been exposed to an

intervention. The depression level significantly reduced as a result of the intervention. There is no chance that the observed values in the post-test are due to chance since the p value generated is zero.

To further test the level of significance of the means for change in depression levels after film therapy, the table of paired t-test for control group was computed as indicated in Table 19 below:

Table 19: Paired T-Test for the Control Group on Depression Levels

		Mean	Paired Differences			t	df	Sig. (2-tailed)	
			Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	pretest - posttest	.08333	.28233	.05763	-.03588	.20255	1.446	23	.162

The p value from the software is greater than 0.05 which is the level of significance, we therefore fail to reject the null hypothesis and conclude that the means for the two groups are in fact the same. The levels of depression remained the same on absence of the intervention.

The second test was carried out based on Kessler's Psychological Distress Level measures. This tested the two groups before and after watching the film. The results are presented in Tables 20 and 21.

Table 20: Paired T-Test for the Experimental Group on Distress Levels

Mean	Std. Deviation	Paired Differences			t	df	Sig. (2-tailed)
		Std. Error Mean	95% Confidence Interval of the Difference				
			Lower	Upper			
.91667	.28233	.05763	.79745	1.03588	15.906	23	.000

Table 20 above presents results of t-test analysis on the relationship between the pre-test and post-test groups in the experimental category. For the experimental group, a paired t-test was necessary to ascertain the mean and limits for the experimental values. Since the exact significance was .001 ($p < 0.05$), the difference between the two groups was statistically significant. This implied that participants showed a significant trend towards reduction of psychological distress after undertaking film therapy.

The p value is 0.00 ($p < 0.05$), and hence the study rejects the null hypothesis and conclude that the means of the two groups differ significantly. The level of distress is different in the groups due to the intervention.

Table 21: Paired T-Test for the Control Group on Distress Levels

		Paired Samples Test				t	df	Sig. (2-tailed)	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower				Upper
Paired Samples	pretestc	.0416	.20412	.0416	-	.1278	1.00	2	.328
	posttestc	.7	.7	.0445	.0445	.1278	0	3	

In Table 21 above, the results are indicative of a low significance of 0.328 ($p>0.05$) which leads to the conclusion that there was little or no change in the control group and hence the rejection of the null hypothesis that there is no difference between the means.

The most important statistic however is the significance tested at 95 percent confidence level. Both the experimental and control groups posted means of significance levels that justified the presence as well as absence of differences in means. This is proof that the change in the two groups before and after being subjected to the film therapy was significant for experimental group and insignificant for the control group. Participants showed a significant trend towards reduction of levels of depression after therapy sessions, while those who were not subjected to it had no or very minimal change.

Conclusion

This chapter presented results obtained from respondents after the 10 therapy sessions. The first section focused on demographic data of the participants. It was noted that the refugees originated from Rwanda, Congo and Burundi. Most of them lived below poverty line and exhibited high levels of psychological distress. The two films helped the refugees to reduce in trauma and psychological distress levels. Secondly, the chapter presented a cross section of camera shots, camera angles, and characters that notably facilitated the therapeutic process. Finally, it gave a summary of the changes in psychological distress as reflected in both Beck's Depression Inventory and Kessler psychological distress scale. The next chapter outlines summary of findings, conclusion and recommendations for the study.

CHAPTER FIVE:SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The chapter presents a summary of the findings, conclusions and recommendations of this study. The study findings are arranged according to the thematic objectives. Finally, it points out areas for further research.

5.2 Summary of the Findings.

The first objective was to establish the levels of psychological distress among urban women refugees, the main finding was that older women refugees aged over 35 years had high levels of psychological distress as compared to the younger generation of 18 to 30 years. Similarly, there were high levels of psychological distress among those with an income of under ksh. 5000 per month. It was also found that those who had stayed in Kenya for longer periods exhibited low levels of psychological distress as compared to those who had recently moved in. In addition, the study established that separated and single mothers had higher levels of psychological distress as compared to single and married women.

In the second objective, the study sought to establish whether cinematic techniques used in films affected psychological distress among urban women refugees. The main finding from FGDs was that framing of shots had both positive and negative effects on the refugees' psychological distress levels. Close up shots of a protagonist overcoming fear obstacles and creating a sense of success gave hope to the refugees hence reducing psychological distress. On the other hand, a long shot of a refugee

camp had negative effect that reminded participants of their desolate life thus increasing their levels of psychological distress. It was also found that angles that involved eye level shots tended to give the respondents a more emotional attachment with the film as compared to high and low angles combined. Consequently, it either increased or decreased the levels of psychological distress depending on actual content in the shot. This study also found that metaphors, narratives and enactment created mixed feelings among the respondents leading to different psychological distress levels. For instance, majority of the respondents identified protagonists in the films as metaphors from whom they derived new strengths and motivation as they walked the therapeutic path.. Specifically, the study found sounds and objects that reminded the refugees of their horrible past either encouraging or discouraging leading to an effect on their psychological distress levels. The sound of gunshots led to high distress levels, the sight of an Aeroplane raised their hopes of one day flying away while seeing the moon also made the refugees connect positively with signs of good news. The study also established that narration and enactment helped reduce psychological distress since majority of the refugees could always identify with what was narrated or enacted by themselves in the FGDs.

The final objective of the study focused on establishing the effectiveness of docudrama films on the levels of psychological distress among urban women refugees. The main finding was that participants showed a significant trend towards reduction of psychological distress and levels of distress. This was attributed to the fact that docudrama films combined documentary and drama, the key components of docudrama that served as key pillars in the psychological healing process. Specifically, Becks' Depression Inventory results indicated that there was a clear drop

in trauma levels in all 23 cases after watching the docudrama films. Similar results were found using Kessler's Psychological Distress Scale.

5.3 Conclusions

From the study findings, it was possible to derive several conclusions. In film therapy, it is important to have a protagonist that the clients can easily identify with. The director of a film needs to create a character that goes through challenges that are similar to those of the client. At the end of the film, the protagonist should overcome the challenges and lead a successful life. The protagonist should not be negatively portrayed. This is the only way to impart hope in your clients.

When deciding on the type of shots, close ups should be used when the film character is having moments of victory. Long shots need to be adopted in incidents where the action is so traumatizing. This is to minimize the probability of clients shutting out or getting retraumatized especially in death, loss, and grief scenes. Furthermore, film therapy provides emotional healing. Comic resolution of a character in the film provides similar relief to the client. It is therefore important to have a happy ending in the story.

Docudrama film is the best platform through which sensitive and emotional topics such as death, abandonment, rape can be discussed with the client because it allows the viewer to become emotionally involved in a situation but also allows one enough distance to maintain objectivity. The viewer can gain a deeper insight of self that he or she learns from the film.

In selecting of a film for therapy, you need to clearly understand your client needs; these could be in terms of their past experiences, their likes, ability to comprehend the film. This is a prerequisite for a successful therapeutic experience. The film should also be relevant to issues to be addressed in treatment.

People with extreme disorder and those who recently experienced war or related traumatic experience comparable to characters depicted in the film are not suitable for this therapy and they should be referred to a clinical psychotherapist for further intervention.

In order for clients to open up their past experiences, they should be put in smaller homogeneous groups. Groups dilute the feelings of abandonment, guilt and shame. Therapist should also ensure he/she builds rapport with the client first. Clients who experienced very traumatic past will prefer their story to be told by someone else hence pairing up clients who have developed mutual trust is important.

Film therapy enables clients to tell their life stories to their therapists. This is a potentially valuable means for clients to vent out their emotional stress and inculcate optimism. Also, the therapist has a fundamental role in helping the client establish similarities between both the film and his/her own life. Sometimes the therapists may seek for a specific result from the clients, hence direct the clients to process particular parts of a movie with the belief that those clips have the most powerful therapeutic properties for that particular client.

Film therapy creates a vicarious relationship between the protagonist and the viewer. Sometimes the client may get so engrossed with the story in the film to an extent of losing track of what is happening in his/her immediate surrounding when watching a certain docudrama. The entertainment aspect may make the client to forget/suspend negative feelings associated with trauma hence reducing negative defence mechanism that could hinder therapeutic process.

5.4 Recommendations

This study was limited to the film therapy among urban women refugees in Nairobi. From the findings and conclusion, the study came up with recommendations for further studies and the film industry.

5.4.1 Recommendations for Further Studies.

- i. Further studies that focus on using docudrama film therapy on different traumatized groups of people like the male refugees /prisoners/adolescents etc to be conducted to determine its effectiveness.
- ii. Further studies to be conducted on the use of other genres of film as a therapeutic tool among traumatized groups.
- iii. A comparative study to be carried out using different methodology and trauma measurement tools.

5.4.2 Recommendations for Industry

- i. Creation of specific docudrama films that will be used in collaboration with other traditional methods of psychotherapy to manage healing process among women refugees.

- ii. Filmmakers to be trained on production of therapy oriented films with a special focus on story development, choice of shots and camera angles.
- iii. Institutions offering film studies and health communication to incorporate film therapy as part of their curriculum in order to positively contribute to therapy studies

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APPENDIXES

A1: INTERVIEW GUIDE

1. Did you find any connection between life experiences and the activities encountered during watching of the film?
2. Were you able to identify with the characters in the film?
3. Is there one character that you especially liked and identified with?
4. Was there a character who sometimes acted felt or viewed the world in a similar way to your own?
5. Did the process of watching and discussing the films provide profound insight into your life as a refugee?
6. Did the film help you to think about your life experiences in the camp?
7. Did the film help you to think about other aspects of life experiences?(offering understanding, reframing and support)
8. Were the metaphors used in the film make you want to talk about your life experiences?
9. Did the narrator in the film successfully counteracted the messages of the perpetrator or torturer,
10. How did the film explore your unhealthy personal patterns of behaviour and interpersonal interaction?
11. Did the film help you transform your life experiences?
12. What extent did the film change your attitude towards traumatic experiences?
13. What extent did the film encourage you to restore social connections that was lost when you left your country?
14. How did the movie touch you, positively or negatively?
15. What parts of the movie touched you most?
16. What character do you most identify with and when?
17. If the film had a unique message for you, what was it?
18. What new ideas for new behaviours - adding new ones or letting go of old patterns - did the movie introduce?

19. Did you experience something that connected you with health and wholeness, your inner wisdom, or higher self as you watched certain scenes or characters?
20. What other films do you remember having seen that might take the discussion a step further?
21. How does this character's journey compare with yours?
22. Did this character develop certain capacities that you may have already developed or would like to develop as well?
23. Which activities did remind of past traumatic experiences?

A2: OBSERVATION GUIDE

1. How is the physical frame of the participants generally?
 - a. Very Healthy
 - b. Healthy
 - c. Unhealthy
2. Are they talkative/ silent or average in participation?
3. Are they attached to any particular persons when discussing or participating in group activities?
4. Do they have emotional tendencies or reactions for specific scenes or actions for example clicking, shutting ears/eyes, crying or walking out of a particular on a particular scene?
5. Do the participants ask for any information or help from the researchers?
6. is there any specific event or action or words that trigger the participants behaviour?
7. What is the body language when watching specific episodes(facial expression)

A3: CONTENT ANALYSIS GUIDE

Scene				
Voice track/sound and image				
Theme				
Characters				
Camera placement				
Genre				
Focus and depth				

A4: KESSLER PSYCHOLOGICAL DISTRESS SCALE (K10)

The Kessler Psychological Distress Scale (K10) [1] is a simple measure of psychological distress. The K10 scale involves 10 questions about emotional states each with a five-level response scale. The measure can be used as a brief screen to identify levels of distress. The tool can be given to patients to complete, or alternatively the questions can be read to the patient by the practitioner.

In the context of injury management, the measure can be provided to the patient where recovery is not proceeding as anticipated (for instance, between weeks four and six), and may highlight the need for more regular review, or referral to a specialist health provider such as a psychologist.

Questions three and six do not need to be asked if the response to the preceding question was 'none of the time'. In such cases questions three and six should receive an automatic score of one.

Scoring Instructions

Each item is scored from one 'none of the time' to five 'all of the time'. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress.

Interpretation of scores

The 2001 Victorian Population Health Survey [2] adopted a set of cut-off scores that may be used as a guide for screening for psychological distress. These are outlined below:

K10 Score: Likelihood of having a mental disorder (psychological distress)

f 10 - 19 Likely to be well

f 20 - 24 Likely to have a mild disorder

f 25 - 29 Likely to have a moderate disorder

f 30 - 50 Likely to have a severe disorder

Kessler Psychological Distress Scale (K10)

Please tick the answer that is correct for you:

All of the time (score 5)

Most of the time (score 4)

Some of the time (score 3)

A little of the time (score 2)

None of the time (score 1)

1. In the past 4 weeks, about how often did you feel tired out for no good reason?

All of the time (score 5)

Most of the time (score 4)

Some of the time (score 3)

A little of the time (score 2)

None of the time (score 1)

2. In the past 4 weeks, about how often did you feel nervous?

All of the time (score 5)

Most of the time (score 4)

Some of the time (score 3)

A little of the time (score 2)

None of the time (score 1)

3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?

All of the time (score 5)

Most of the time (score 4)

Some of the time (score 3)

A little of the time (score 2)

None of the time (score 1)

4. In the past 4 weeks, about how often did you feel hopeless?

All of the time (score 5)

Most of the time (score 4)

Some of the time (score 3)

A little of the time (score 2)

None of the time (score 1)

5. In the past 4 weeks, about how often did you feel restless or fidgety?

All of the time (score 5)

Most of the time (score 4)

Some of the time (score 3)

A little of the time (score 2)

None of the time (score 1)

6. In the past 4 weeks, about how often did you feel so restless you could not sit still?

All of the time (score 5)

Most of the time (score 4)

Some of the time (score 3)

A little of the time (score 2)

None of the time (score 1)

7. In the past 4 weeks, about how often did you feel depressed?

All of the time (score 5)

Most of the time (score 4)

Some of the time (score 3)

A little of the time (score 2)

None of the time (score 1)

8. In the past 4 weeks, about how often did you feel that everything was an effort?

All of the time (score 5)

Most of the time (score 4)

Some of the time (score 3)

A little of the time (score 2)

None of the time (score 1)

9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?

All of the time (score 5)

Most of the time (score 4)

Some of the time (score 3)

A little of the time (score 2)

None of the time (score 1)

10. In the past 4 weeks, about how often did you feel worthless?

All of the time (score 5)

Most of the time (score 4)

Some of the time (score 3)

A little of the time (score 2)

None of the time (score 1)

A5: BECK'S DEPRESSION INVENTORY

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1

- 0 I do not feel sad.
- 1 I feel sad
- 2 I am sad all the time and I can't snap out of it.
- 3 I am so sad and unhappy that I can't stand it.

2

- 0 I am not particularly discouraged about the future.
- 1 I feel discouraged about the future.
- 2 I feel I have nothing to look forward to.
- 3 I feel the future is hopeless and that things cannot improve.

3

- 0 I do not feel like a failure.
- 1 I feel I have failed more than the average person.
- 2 As I look back on my life, all I can see is a lot of failures.
- 3 I feel I am a complete failure as a person.

4

- 0 I get as much satisfaction out of things as I used to.
- 1 I don't enjoy things the way I used to.
- 2 I don't get real satisfaction out of anything anymore.
- 3 I am dissatisfied or bored with everything.

5

- 0 I don't feel particularly guilty
- 1 I feel guilty a good part of the time.

- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.
- 6
- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.
- 7
- 0 I don't feel disappointed in myself.
- 1 I am disappointed in myself.
- 2 I am disgusted with myself.
- 3 I hate myself.
- 8
- 0 I don't feel I am any worse than anybody else.
- 1 I am critical of myself for my weaknesses or mistakes.
- 2 I blame myself all the time for my faults.
- 3 I blame myself for everything bad that happens.
- 9
- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.
- 10
- 0 I don't cry any more than usual.
- 1 I cry more now than I used to.
- 2 I cry all the time now.

- 3 I used to be able to cry, but now I can't cry even
- 11.
- 0 I am no more irritated by things than I ever was.
- 1 I am slightly more irritated now than usual.
- 2 I am quite annoyed or irritated a good deal of the time.
- 3 I feel irritated all the time.
- 12.
- 0 I have not lost interest in other people.
- 1 I am less interested in other people than I used to be.
- 2 I have lost most of my interest in other people.
- 3 I have lost all of my interest in other people.
- 13.
- 0 I make decisions about as well as I ever could.
- 1 I put off making decisions more than I used to.
- 2 I have greater difficulty in making decisions more than I used to.
- 3 I can't make decisions at all anymore.
- 14.
- 0 I don't feel that I look any worse than I used to.
- 0 I am worried that I am looking old or unattractive.
- 1 I feel there are permanent changes in my appearance that make me look unattractive
- 2 I believe that I look ugly.

15.

- 0 I can work about as well as before.
- 1 It takes an extra effort to get started at doing something.
- 2 I have to push myself very hard to do anything.
- 3 I can't do any work at all.

16.

- 0 I can sleep as well as usual.
- 1 I don't sleep as well as I used to.
- 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
- 3 I wake up several hours earlier than I used to and cannot get back to sleep.

17.

- 0 I don't get more tired than usual.
- 1 I get tired more easily than I used to.
- 2 I get tired from doing almost anything.
- 3 I am too tired to do anything.

18.

- 0 My appetite is no worse than usual.
- 1 My appetite is not as good as it used to be.
- 2 My appetite is much worse now.
- 3 I have no appetite at all anymore.

19.

- 0 I haven't lost much weight, if any, lately.

- 1 I have lost more than five pounds.
- 2 I have lost more than ten pounds.
- 3 I have lost more than fifteen pounds.
- 20.
- 0 I am no more worried about my health than usual.
- 1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
- 2 I am very worried about physical problems and it's hard to think of much else.
- 3 I am so worried about my physical problems that I cannot think of anything else.
- 21.
- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I have almost no interest in sex.
- 3 I have lost interest in sex completely.

INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

Total Score	Levels of Depression
1-10	These ups and downs are considered normal
11-16	Mild mood disturbance
17-20	Borderline clinical depression
21-30	Moderate depression
31-40	Severe depression
over 40	Extreme depression

A6: CLIENT CONSENT AND EXPLANATION FORM

Explanation of the study and the purpose of the film therapy programme.

Hello, my name is Eliud K Situma, This is a request to confirm your possible participation in a study I am doing to find out if docudrama film can be a therapeutic tool among urban women refugees. I am a PhD student of Film Technology from Kenyatta University. I also hold an MA in Communication Studies (UoN) and a B.Ed (Arts) in English and Literature (KU).

The purpose of this study is to explore the use of docudrama as therapy; how it's viewing stimulate dialogue; how enactment, storytelling and metaphors in the selected docudramas help in processing traumatic memories and the overall therapeutic effect.

I hope this information will help to improve the therapy services provided to urban women refugees in Eastlands, Nairobi County and other places, and that this study will contribute largely in giving health practitioners an alternative and additional method of therapy that will enable them achieve long term results with minimal time and costs.

The success of this study may also help film makers, health and social workers to be able to rethink on new methods that can be used in dealing with trauma related issues and even treatment of trauma. It may also contribute to film studies and even challenge the education system to incorporate film therapy in health communication programmes.

In order to gather this information I would like to request your permission to participate in the film therapy sessions at the Kayole Catholic Social Hall Centre for a period of at least 2 months with at least one or two sessions per week each lasting 1 to 2 hours.

Procedures including confidentiality.

If you agree I will ask you to participate in a film therapy Session. The sessions will be facilitated by one or two members at any given time. The session may also have in

attendance a counsellor/psychologist/ who will help monitor the therapy activities carried out during the sessions, and thereafter will assist in giving a progressive account of the impact of your participation at the film therapy Sessions.

During the sessions, we will have games, viewing of films, personal narrations, role play and role reversal, thereafter focus group discussions. You will not be forced to talk about your personal life but will be encouraged to talk or act out whatever you feel in an atmosphere of fun.

The discussions in film therapy sessions will be recorded with an audio tape recorder/MP3 Player to ensure that I do not miss anything said or record it wrongly. The tapes will not have names of any participants or you and my research team will keep everything confidential. Only those present in the sessions will thus be the only ones who will remember your face. After the therapy sessions, all persons present at the film therapy sessions will be requested to keep what has been shared confidential though this cannot be controlled by the research team outside the therapy sessions. At the end of the study (the film therapy sessions), I will note down what is on the tape/CDs and keep it confidential, and thereafter I will destroy the tapes/CDs. The researchers will not take any pictures of the women for the purposes of this study so as to ensure the confidentiality and the privacy of the women is not infringed on.

Risks, discomforts, and right to withdrawal.

During the discussion you may feel uncomfortable to talk about some topics. However, I do not wish you to feel uncomfortable and you can refuse to participate in the activities or leave the discussion whenever, at your wish. In addition, there is a slight chance that you may share information that is personal and or confidential with the group from the community that you did not want to share. I do not wish this to happen and although my team cannot control the confidentiality of what shall be talked about outside the therapy sessions, my team will encourage all participants in the group to respect the privacy of the other group members.

Benefits.

This study will help you and the entire refugee community directly and I also hope that the information gathered will help to improve the therapy services provided. If

you do not want to take part in the therapy sessions or in the interviews, you can refuse. If you do not want to participate you will receive counselling services from other stakeholders like Refugee consortium of Kenya (RCK) and nobody will hold this against you.

No payments shall be made to you, to the other participants, or to the Kayole Catholic Social Hall centre. I (the researcher), will cater for all the costs, projector and other equipments needed for the purposes of the film therapy sessions during the course of the study.

Sharing of the results.

After the assessment of the film therapy is completed, I will be sharing the results with the community and current and future clients who may be in need of the film therapy information. In addition, a copy of the data collected will be given to the Kenyatta University for examination purposes, and a copy to the Refugee Consortium of Kenya. If you would like to receive a copy of the report, I can be informed and I will make this possible.

Consent and contact.

Do you have any questions that you would like to ask?

Is there anything you would like me to explain again or say more about?

Do you agree to participate in the theatre therapy sessions to be carried out at _____
_____ for purposes of the study?

Contact details:

If you have any other questions about this study later you can contact any of the following persons:

- 1. Dr. John Mugubi, Department of Theatre Arts and Film Technology, Kenyatta University, P. O. Box 43844 Nairobi, Tel: 0724 788668, Email: mugubi.john@ku.ac.ke**
- 2. Dr Christine Wasanga, Department of Psychology Kenyatta University, P.O Box 43844 Nairobi. Cell Phone _____ Email christine.wasanga@gmail.com**
- 3. Dr Rosemary Kowour, Department of Communications, Daystar University P.O Box 44400,00100, Nairobi – Kenya E-mail: rosemarynyaole@gmail.com, Cellphone: +254722346501,**
- 4. Eliud .K Situma 20386-00100 Nairobi, Tel: +254 733828052, Email, eliudsitu@gmail.com**

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study and understand that I have the right to withdraw from the film therapy sessions at anytime without it affecting my education/medical care and any other services I receive at the Refugee Consortium of Kenya in any way.

Print name of participant _____

Signature of participant _____

Date _____

If illiterate

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness _____ Signature of witness _____

Date _____ (Day/Month/Year)

A copy of this informed consent form has been provided to the participant _____
(initialed by the researcher)

Researcher

Authority at shelter/rehabilitation centre

Signature:

Signature:

Name:

Name:

Date: _____ Date: _____

A7: TRANSCRIPTS OF SOME OF THE FGDs AND INTERVIEWS

- 1) How is your stay in Kenya so far as refugees?

Sisi kama wakimbizi tunaishi vitongoji duni, sio rahisi kuenda kwa afisi za UNHCR. Tunawategema watu wenye nia njema kupata riziki na pia kundesha biashara ndogo. Mimi binafsi nauza chai. Ninapoendelea na hii kazi, baadhi ya wakaazi hunidhulumu. Kuna wale hukataa kulipa baada ya kunywa chai.

This translates to

‘We are confined to slum areas, shanty towns or suburbs; it’s not easy to travel to the UNHCR office. We rely on well wishers for support and running small businesses. Personally I hawk tea. But in the course of my business I am harassed by locals. Some refuse to pay for service. I am left with very minimum income to support myself and the seven (7) children under my custody’

- 2) What did you like about the film you watched?

Nimefuraia sana hii cinema. Hayo maisha Schlomo amepitia yamenikumbusha shida ambazo zimenikumba tangu nitoke kwenye inchi yangu. Ingawa nilikuwa nimekata tama, nimepata tumaini nilivyo ona namna Schlomo anavyokabiliana na changamoto kama mkimbizi kule Israeli. kwa maana aliweza kufaulu kusoma na kutafuta njia ya kuwasiliana na jamii yake tena kule Ethiopia, nina imani pia mimi nitaweza kurejea Nchi yangu tena.

In English this translates to.

I am happy with the film I watched. The life Schlomo went through reminded me the problems I have encountered since I left my origin Country. Though I had lost hope, I have been encouraged after seeing how Schlomo overcame the challenges as a refugee in Israel. He was able to go to school in a foreign country, and later looked for ways of communicating with his family back in Ethiopia. His fighting spirit gave me strength to press on and look at life positively. I am hopeful that I will also be able to go back to my origin home again

3) What are you looking forward to see in the film?

Nataka kuona jinsi Schlomo ataishi bila mama ake. Yeye ni kijana mdogo na mimi kama mama singeruhusu aende pekee yake kwa inchi ya ng'ambo

In English this translates to.

I am looking forward to see how Schlomo survives without his mother. He is still very young and as a mother I don't think I would let him go alone to a foreign country.

4) Were the metaphors used in the film make you want to talk about your life experiences?

Kila wakati ninapo tazama mwezi kwenye cinema, ninakumbuka zile siku tulikuwa na wakati mzuri na jamii yetu kila usiku. Mazingara yalikuwa mazuri. tungecheka nakushiriki yote tumepitia mchana kutwa tukiketi kwenye veranda. Tullipata mwangaza kutoka kwa mwezi. Hatukuhitaji mwangaza mwingine tena.

In English this translates to.

Every time I see the moon in the film it reminds me of the days we spend good time with my family members at night. The environment was peaceful and serene. We could laugh; share our day's activities while sitting at the Verandah. The moon provided enough light for us. We didn't require any other source of light.

5) How did the plane used in the two films impact on you?

Nilipoona ndege ikiwabeba Theo na ndugu zake, ilinipa matumaini ya kupata nafasi ya kuhamia nchi za ngambo. Huwa ninaishi vitongoji duni kule kayole. Wanaume hutusumbua kila mara wakihitaji kulala na sisi. Naamini siku moja nitatoka kwa haya mateso. Nilipotoka Congo, nilifikiria nitapata maisha mazuri hapa Kenya. La, haikuwa hivyo. Huwa nang'ang'ana kila siku na watoto wangu saba. Silali vizuri. Juzi baada ya kutazama sinema, nimekuwa na ndoto ya mfululizo nikiona nikipaa kwenye ndege. Huenda hivi karibuni pia mimi nikaenda ng'ambo.

In English this translates to.

Seeing the plane come for Theo and his brothers, has given me hope of flying to developed countries. I stay in shanties in Kayole. Men always harass and demand sexual favours. I believe one day I will get out of this torture. When I left Congo, I hoped for a better stay in Kenya. I hoped for comfort. But, no, life hasn't been easy. I struggle everyday to feed my 7 children. I can't sleep well. But recently after watching the films, I keep dreaming of Aeorplanes taking me away. I think soon, I might also be like Schlomo and Theo.

6) How did the gun shots the film affect you?

Milio wa bunduki kwenye filamu ya Good Lie imenikumbusha bunduki nilizosikia nikiwa Congo kabla sijakuwa mkimbizi. Nakumbuka vita ilianza jumapili kwa ghafla. Nilikuwa nimentembelea rafiki yangu. Wafuasi wa M23 walikuwa wanapigana na wanajeshi wa serikali.ilibidi tukimbilie usalama wetu.Tulikutana na wengine njiani tulioambatana nao hadi Kenya.Tulipebwa kama mizigo kwa magari makubwa ya mizigo.Tangu hiyo siku sijawai kutana na familia yangu tena.Tulisimama pale Kampala, Uganda. Tulikaa pale bila nyumba.baadaye tulipatana na marifiki wapya ambao walitufunza mbinu mpya ya kutumia ili kufika Kenya. Nilikuwa na miaka kumi na sita wakati ule na sasa nimefikisha ishirini.Nilipofika Kenya niliishi na wamama wengine kutoka Congo.Tuliishi watu kumi kwa nyumba moja. Baadaye nilijifunza kazi ya kusuka nywele na sasa naishi pekee yangu.

In English this translates to:

The gunshots in the film, The Good Lie reminded me of the gunshots I heard while in Congo before becoming a refugee. I remember, the war began on a Sunday. I was at a friend's place when the war broke out. M23 rebels were the one fighting the government soldiers during the war but did not have a clue as to why they were fighting. My friend and I had to run for safety. We met other people who helped us find a way out of our home. The journey to Kenya was not easy .We were transported like luggage via the long transit trailers. I separated from my family members and I have never heard from them again.

After running away from Congo, our first stop over was at Kampala. We survived there without shelter. Some of the new friends who were en route to Kenya taught us tactics on how to cross over to Kenya without being nabbed by the authority. I arrived in Kenya when I was 16 years and now I am 20 years old. Upon arrival I was adopted by a fellow Congolese refugee lady where I lived for some time. We were 10 in total in that house.

Later, I got some training in beauty and hair dressing. I have managed to save and as per now I am staying alone.

