

Rituals and healing ceremonies help to promote psychosocial wellbeing by increasing sense of identity and community in Rohingya refugees in Bangladesh

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Abstract

In Myanmar, the Rohingya were prohibited from engaging in activities that preserved their cultural and religious identities. An assessment was conducted by the International Organization for Migration in 2018 with Rohingya refugees residing in Cox's Bazar, Bangladesh, to identify key factors to promote psychosocial wellbeing. These factors were strengthening sense of identity, practising their faith and participating in group and community activities. It was also found that prayers, music and art were key aspects of coping mechanisms. The Healing Ceremonies programme was developed in 2018 to provide a space to reconnect with their memory as an ethnic group and to contribute to healing the collective wounds of the community. Three sessions of bi-weekly healing ceremonies were conducted in 10 refugee settlements in Cox's Bazar, Bangladesh. The three sessions, each representing different elements of Rohingya culture, were held with 850 Rohingya refugees participating, ranging in age from 25 to 53 years and another group between 54 and 70+ years of age. Children were also invited to attend and to benefit from ceremonies and activities to reconnect them with a sense of protection from their community and primary caregivers. There were a total of 36 sessions held over the course of the programme, covering music, art and symbols of strength, followed by focus group discussions on the impacts of the sessions. The children did not participate in these discussions and, therefore, were not included in the group participant numbers. The discussions highlighted positive changes including a sense of calmness and joy from participating in the healing ceremonies that led to an increase in their sense of wellbeing, and that the focus on positive aspects led to feeling less hopeless. Further, it is expected, that by providing a safe space where community members can reconnect with their collective memory and identity, they will be supported in healing collective wounds resulting from a history of persecution and denial of their identity.

Keywords: community based interventions, healing ceremonies, rituals, Rohingya

INTRODUCTION

In Myanmar, the Rohingya faced restrictions that prohibited them from maintaining their cultural and religious identity. For example, they were not allowed to form groups or organisations and mosques were closed or destroyed (Tay et al., 2018). Upon arrival in Bangladesh, however, they were able to resume their religious life and form groups and communities.

Early in 2018, a rapid assessment was conducted by International Organization for Migration (IOM) to identify not only main concerns, but also coping capacities, resources and resilience mechanisms in the Rohingya community residing in Cox's Bazaar, Bangladesh (International Organization for Migration, 2018). In total, 60% of Rohingya respondents identified being stateless as one of the main, important aspects affecting them most. Also, they identified loss of land, denial of basic identity rights, persecution and

discrimination as concerns. The assessment additionally identified the importance of resuming their religious life. Praying, music and art were identified as keys to coping strategies and dealing with adversity. Many participants emphasised that religion was a great source of strength for them and that practising their faith helped to buffer effects of exposure to violence (International Organization for Migration, 2018). The assessment further highlighted that community and group related activities were important. As one of

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the Rohingya stated during the assessment, *'we can survive so many years of abuses because we remain together after all'*. Key informants in the focus groups mentioned that community self-help was developing in some of the settlements. When asked to identify what could be done to strengthen the community, many respondents answered community and religious gatherings. It was, therefore, considered important to promote psychosocial wellbeing and address mental health concerns through design of a psychosocial response that addressed the community as a whole.

Healing ceremonies programme

One of the goals of the IOM programming in Bangladesh is to strengthen positive coping mechanisms and resilient responses to foster a more cohesive community through rituals, ceremonies and cultural activities that help Rohingya refugees reconnect with their community resources and strengths. As a result, in 2018, IOM's mental health and psychosocial support (MHPSS) team in Cox's Bazar organised a programme called *'Healing ceremonies'*. The programme organised and facilitated gatherings that provided a collective space to address MHPSS problems, which in the case of the Rohingya are related to their statelessness, uncertainty about their near future, discrimination and persecution. All of these factors negatively impact community dynamics and affects their collective wellbeing and mental health. The ceremonies provided a sharing space in which community members could reconnect with their memory as an ethnic group. The aim is that this will contribute to healing the collective wounds caused by the experience of discrimination and denial of their identity.

Theoretical background

Understanding and supporting cultural healing practices (as appropriate) can ease distress and indeed promote psychosocial wellbeing (Inter-Agency Standing Committee [IASC], 2007). Action sheet 5.3 of the *IASC Guidelines on MHPSS in Emergency Settings* (IASC, 2007) encourages agencies to facilitate *'conditions for appropriate communal cultural, spiritual and religious healing practices'*. These activities are usually located in the second layer of the IASC intervention pyramid (IASC, 2007, p. 12), where community and family supports are strengthened in providing resources through community based interventions. These activities may also identify children or adults who need more focused, non-specialised support, which is reflected in the third layer of the IASC pyramid. For example, IOM identified groups needing conflict mediation and also parenting skills.

Providing a safe space in which community members can reconnect with their collective memory and shared history can contribute to heal collective wounds. In the aftermath of forced displacement, rituals and celebrations can fulfil various functions, such as creating an experience of feeling supported, providing relief from negative feelings and strengthening of positive, culturally and religiously grounded coping mechanisms, as well as offering interpretative frameworks to cope with personal and collective suffering (Libanora, Schininà, & Angi, 2019).

For the Rohingya, music and songs have been used as a form of informal resistance to keep their memory alive, to transmit history through verbal and visual expressions to younger generations and to communicate information about themselves to others (Farzana, 2011). These forms of expression of their identity can be seen as a form of everyday resistance, that happen mostly in an informal and indirect form, rather than as direct confrontation (Farzana, 2015). These informal expressions also reflect the Rohingya's coping strategies for living in a state of continuous discrimination and exclusion.

Structure and implementation of Healing ceremonies

In 2018, IOM organised three sessions of bi-weekly healing ceremonies in 10 refugee settlements in Cox's Bazar, Bangladesh. The healing ceremonies used and developed cultural assets, such as music and other artistic expressions, through strengthening positive, culturally grounded, coping mechanisms. This commemoration initiative additionally had the purpose of renewing a sense of unity and serves the need of the community to cope with change and the unstable situation of refugees in Bangladesh. The healing ceremonies were divided into three sessions to reconnect with different elements of Rohingya culture.

Of the 850 Rohingya refugees who participated, 40% were women and 60% men. About two thirds of the participants (65%) were youth and 35% were adult or older people. Each hourly session was structured for either men or women, with older participants joining in according to gender and scheduled with community involvement. There was a maximum of 20 people in each ceremony, (not including children attending the rituals, but not the discussions), with ages ranging from 25 to 53 years and another group of older participants between 54 and 70+ years of age. Up to 36 healing cultural ceremonies sessions were conducted in 2018.

Healing ceremonies sessions

Rituals and ceremonies were created for the sessions to provide a structure to incorporate the most significant elements of Rohingya cultural identity. The key aspect of the different sessions was that participants decided what would be the purpose of gathering together and the elements they associated with wellbeing, strength, unity, peace, protection and joy.

Healing ceremonies were divided into three sessions (music, art and symbols of strength) to reflect Rohingya culture. All sessions were led by a facilitator, who were counsellors and social workers that were part of MHPSS team of the IOM in Bangladesh. Sessions began with a question about the structure of the healing ceremony to ensure the structure itself contributed to the core purpose of healing. The main question used to work with the group was *'who are we?'* This was meant to explore feelings of vulnerability and not belonging and to reconnect with cultural and meaningful elements of their culture and identity.

BOX 1: Song fragments from Rohingya refugees in Bangladesh

Kandi kandi din Katailam

'We spent our days crying. Surrounded by the Mogs in Burma. So, we've left behind homeland. Fearing torture [by] the government

We have become refugees.

Oh God, forgiving and merciful. We are in exile. We have become refugees.'

(Fragment of a song from Session 1, 'Mogs' refer to the Myanmar army)



Figure 1: A 14-year old girl tells her story of what being in the camps and in Myanmar represents to her (Courtesy of IOM Cox's Bazar)



Figure 2: Drawing made by a 12-year-old boy, depicting his dream of returning safely home (Courtesy of IOM Cox's Bazar)

Session 1: Music

Music and songs are often good ways to express emotions and to construct alternate stories and narratives. In this session, through a dialogue promoted by the facilitator, participants connected their memories of songs with relationships, emotions and experiences. Through music and songs played in a group space, participants expressed their feelings and were able to regain a sense of belonging.

Session 2: Art and paintings

Art, including drawings and paintings, are a strong means to share stories of history and resistance [Figures 1 and 2]. In this session, participants told their stories as they would tell their children or outsiders. Also in this session, production of these cultural items and collecting memories through art were integrated to create a collective historical memory component to promote community identity, local values and political empowerment, as well as to facilitate inter-generational dialogue and engage children and young people with historical narratives, while also incorporating healing practices (e.g. spiritual rituals) that have been historically marginalised or prohibited.

In these sessions, drawing and painting were used to explore stories that had arisen in Session 1. The stories were different from group to group and so the facilitator used the most meaningful stories collected to continue

exploring the main theme of identity. For example, one of the stories from Session 1 that was brought into Session 2 was that of a teacher who had felt useful within his community and that had been very important to him. Such a story will bring up issues for others relating to when they went to school or the need for educational help. By exploring stories without words, other aspects, perspectives and feelings surfaced [Figure 3].

'I enjoyed drawing the flowers and the house and people. And I enjoyed drawing Bangladesh's flag, I want to feel at home.' (Female, 12-year-old participant)

Session 3: Symbols of strength

The third session focused on increasing awareness of the social collective network. Whereas Sessions 1 and 2 had focused on sharing isolated stories and remembering the importance of their identity, in Session 3 the facilitator tried to find the connections between those stories, to guide the group to discover the symbols of the strengths discovered in the process of the ceremonies and rituals. So, for example, one of the strengths mentioned was their capacity to travel, which then became the symbol of a boat. This was done to see others' stories, restore their sense of community and to feel connected and part of a whole again. Also, in these sessions, an intergenerational dialogue was integrated, with the older group of participants sharing their own narratives and music



Figure 3: A drawing by a 12-year-old girl made as a response to the question what does home look and feel like (Courtesy of IOM Cox's Bazar)

in the healing ceremony and participated in the choosing symbols of the strength of the community.

'Our strength is that we can take our home with us, like in a boat' (Male, 38-year-old, participant).

'I feel stronger when I imagine the flowers of my garden, but also the flowers in the gardens of my neighbours' (Female, 22-year-old participant).

'When we put our hands together and we can paint beautiful patterns with henna, I feel we are very strong women and not alone.' (Female, 16-year-old participant).

Community members chose a symbol of their culture that represented their unity and their resources to save their history and pass it on to younger generations. Facilitators provided questions regarding how the community has been able to cope despite their adverse situation in life and to keep their hopes alive [Figures 4 and 5].

Evaluation of the programme

In March 2019, as part of the IOM programme, quarterly, structured focus group discussions (FGDs) were conducted with those who had participated in all IOM activities, including the healing ceremonies, with separate groups of men, women and older participants, three months after the healing ceremonies. As part of the evaluation, the following questions were asked: *'Compared to the first time you participated or reached out to receive support, how do you feel now? What do you think are the main*



Figure 4: A dream embroidery garden (Courtesy of IOM Cox's Bazar)



Figure 5: Painted henna patterns (Courtesy of IOM Cox's Bazar)

reasons these activities are helping you? Or your family? Or your community? If we could choose the most important or strongest thing in the Rohingya culture or community,

what would it be? And, how can the IOM psychosocial programmes help to strengthen this?’

The aim was to discover the main factors that the participants felt were helping them to feel better, increase their sense of belonging or to increase their psychosocial wellbeing as a whole. These included how could they reconnect with things they had known were part of their strength, such as music, and how others were there for them in a more supportive space.

‘I can count on others and can understand my family and my community are with me. I am not alone.’ (Male, 33-year-old participant of both the FGD and the healing ceremonies)

Another positive change found during the evaluation was the sense of calmness and joy that participation in the healing ceremonies had contributed and increased their sense of wellbeing. Before the healing ceremonies, participants were asked about their sense of wellbeing. Only 22% of participants manifested awareness of their own resources to cope with adversity and opportunities to connect with others in a positive way. After participating in the healing ceremonies, this percentage increased to 34%. In the case of women in the Rohingya community, the healing ceremonies played a powerful role in validating their contribution to the life of the community. These were the moments that woke a sense of solidarity among them. One female participant shared that:

‘I could feel that we can be better [because] we have each other.’ (Female, 32-year-old participant)

Additionally, participation in cultural activities, rituals and ceremonies contributed to an improvement in sense of wellbeing. Finally, it was mentioned that as the healing ceremonies had focused on positive aspects and their resources, they felt less hopeless [Table 1].

‘We felt hopeless because we felt we had nothing, but in the end, we realised we had music, we had a neighbour sitting

next to us.’ (Male, 43-year-old participant of both the FGD and the healing ceremonies)

DISCUSSION

IOM in Bangladesh has had positive experiences with programmes to promote positive interactions and solidarity. Many of the psychosocial problems in the Rohingya community are related to this lack of solidarity and connectedness, such as domestic violence, community violence, child abuse and lack of communication. Additionally, the Rohingya community feels very strongly about their stateless condition, a situation that is also interconnected to the general mental health condition of the community.

So, while there are political situations that, as humanitarian organisations, we cannot change and cannot control, there are things related to the destruction of their sense of community that we can positively impact. One of the consequences of being stateless for many generations is the damage to the social skills required to succeed in any community or social setting. So, the Rohingya have also been denied any access to a social life, and through that their capacity to develop any social skills. It is part of the IOM’s purpose to help them develop these social skills, so that by the time they are re-integrated or repatriated or relocated, they will need to have basic, social skills required to succeed, through working towards social cohesion skills and community coherence. Therefore, IOM’s healing ceremonies programme emphasises creating and promoting shared social spaces to foster a common identity/sense of belonging and reconnect individuals to their cultural identity and social order. Future programmes should maintain community engagement to recover collective memory and reinforce social identity.

Recovering historic memory through mental health interventions has been shown to promote both healing and political empowerment for historically oppressed

Table 1: Lessons Learned

Lessons learned	Fostering key aspects
It is possible to transform suffering, negative experiences and collective wounds through artistic, social and cultural production significance	<ul style="list-style-type: none"> • Ritualising social interactions with cultural and identity aspects can facilitate restoration of a sense of belonging, social order that has been affected due to the stateless refugee conditions, as well as the violence Rohingya community has experienced. • The use of narrative techniques, such as re-storying or narrative centre, allow community participants in moving from stories that are saturated by negative elements towards the generation of hopeful stories, reconnecting to their emotions, relationships and social network.
The purpose of mobilisation of community should focus on empowering and strengthening resilience present in culture and collective memory	<ul style="list-style-type: none"> • Integrating cultural/art assets of the community to respond to the most central aspect affecting their mental health and psychosocial wellbeing, which is the stateless condition. Programmes such as ‘healing ceremonies’ have facilitated the reconnection with their identity values where they could feel recognised and restored a social order necessary to provide a sense of belonging • These programmes are aiming to contribute in healing collective wounds, such as loss, grief and basic identity rights not met, by strengthening positive, culturally grounded coping mechanisms, such as music and gathering. • Promoting intergenerational dialogues between older members of the community, youth and children that will facilitate restoring the social fabric and the basis of a good mental health.

individuals and communities, among indigenous groups in New Zealand, for example (Lawson-Te Aho, 2014). It also needs to be understood as a broader determinant of health (Czyzewski, 2011), shaping current mental suffering. This view is necessary because it is argued that 'history and its erasure are often embodied as bad health outcomes'. Particularly, in the case of the Rohingya, it is central to this notion of the collective memory, the concept of historical trauma. It is a concept that goes beyond of the lineal term of trauma itself – the current approach is to situate historical trauma not as an objectified causal factor, but as a context bound, heterogeneous, socially shaped narrative (Mohatt, Thompson, Thai, & Tebes, 2014). Hence, it refers to a language of distress which confronts state victimisation/persecution with individual agency and resilience (Waldrum, 2014). This non-static, conceptual approach prevents mental health professionals from making simplistic assumptions of intergenerational transmission of a trauma within Rohingya families, and pathologising their suffering (Maxwell, 2014). Simultaneously, it emphasises how diagnosis around trauma concerns history and the collective past, as well as moral responsibility, and not just individual, private, traumatic experience.

It is expected that by providing a safe space within which community members can reconnect with their collective memory and identity, beneficiaries will be supported in healing collective wounds caused by experiences and distress resulting from a history of persecution and denial of their identity. This will facilitate exercises, practices and intentional spaces within which the Rohingya may keep their memory alive. Such manifestations of identity and history will be transmitted through verbal and visual expressions to be enjoyed for future generations and to communicate information about the Rohingya community to outsiders.

It is important that the focus of the programme should remain a community-based, family approach. This is based on the positive effects some of the MHPSS programmes have had, such as healing ceremonies, on developing social skills, strengthening a sense of belonging, reducing stress and increase social support. It is highly recommended to

scale up this approach, targeting some of the most isolated and vulnerable families. This envisioned integration and scale-up could be coordinated with other transition, recovery and development projects, including protection.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

- Czyzewski, K. (2011). Colonialism as a broader social determinant of Health. *The International Indigenous Policy Journal*, 2(1). Retrieved from <https://ir.lib.uwo.ca/iipj/vol2/iss1/5>. doi:10.18584/iipj.2011.2.1.5
- Farzana, K. F. (2011). Music and artistic artefacts: Symbols of Rohingya identity and everyday resistance in borderlands. *ASEAS – Österreichische Zeitschrift für Südostasienwissenschaften*, 4(2), 215-236.
- Farzana, K. F. (2015). Boundaries in shaping the Rohingya identity and the shifting context of borderland politics. *Studies in Ethnicity and Nationalism*, 15(2), 292-314. doi:10.1111/sena.12142
- Inter-Agency Standing Committee. (IASC). (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC.
- International Organization for Migration. (2018). *MHPSS Rapid Needs Assessment. Cox's Bazar*. Retrieved from: Final report on the MHPSS rapid assessment, MHPSS Programme- IOM Bangladesh, (Internal, unpublished document).
- Lawson-Te Aho, K. (2014). The healing is in the pain: revisiting and re-narrating trauma histories as a starting point for healing. *International Journal of Psychology and Developing Societies*, 26 (2), 181-212.
- Libanora, R., Schininà, G., & Angi, K. (2019). Rituals and celebrations. In G. Schininà (Ed.), *Manual on Community-Based Mental Health and Psychosocial Support in Emergency and Displacement*. Geneva: International Organization for Migration. p. 89-91.
- Maxwell, K. (2014). Historicizing historical trauma theory: Troubling the transgenerational transmission paradigm. *Transcultural Psychiatry*, 51(3), 407-435.
- Mohatt, N. V., Thompson, A. B., Thai, N. D., & Tebes, J. K. (2014). Historical trauma as public narrative: A conceptual review of how history impacts present day health. *Social Science Medicine*, 106, 128-136.
- Tay, A., Islam, R., Riley, A., Welton-Mitchell, C., Duchesne, B., Waters, V., & Ventevogel, P. (2018). *Culture, context and mental health of Rohingya refugees: A review for staff in mental health and psychosocial support programmes for Rohingya refugees*. Geneva, Switzerland. Retrieved from <https://www.unhcr.org/5bbc6f014.pdf>