“Can we provide something that creates what we call islands of safety?”: Gabriella Brent of Amna on building healing spaces for displaced communities.

Ambar Castillo
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Ambar Castillo: Could you please introduce yourself and tell me what kind of work you do?

Gabriella Brent: I am Gabriella Brent, and I am CEO of Amna Refugee Healing Network. Amna is an organization that primarily exists to provide as many people in the world who have become refugees or displaced, and who are experiencing often profound grief, trauma, losses, and uncertainty about their future, with access to safe spaces, safe services, and safe relationships that can support their healing and wellbeing.

Amna was founded by an amazing woman called Zarlasht Halaimzai. Zarlasht and her family were refugees from Afghanistan, and that personal family experience combined with her professional experience, including working in the humanitarian sector, was what Amna was born of. It recognized that in humanitarian response, there is primarily a focus on basic needs—sanitation and water and food and shelter—and then in some cases a focus on education. What there is a huge absence of is what the sector calls mental health and psychosocial care, the kind of support needed for communities who are experiencing all of this grief and loss and uncertainty.

It’s often unavailable, and when it is available, it's often very inadequate or unsuitable. You may have one graduate psychologist who doesn't have a therapeutic or clinical training servicing a camp of over thousand people, or there are lots of interventions with a hyper clinical and quite pathologizing approach to people's very human responses to the experiences that they're going through. People may be diagnosed with something that actually doesn't help them help themselves or be supported to do the healing work, grounding work, and restoring safety work.

Twenty years is the average that people across the world are in displacement. There's a concept that somebody should get mental health help when they're resettled, but that resettlement is potentially going to take twenty years. The purpose of Amna is to give communities something that meets their needs while they're still in that ongoing journey. Can we provide something that creates what we call islands of safety? These safe spaces and safe encounters can really have a healing benefit in otherwise unsafe environments, when they're navigating all sorts of uncertainty and hostility. And how do we do that in a way that meets communities' needs, rather than imposing a Western or Eurocentric model of healing or mental health onto communities that may not actually meet communities' needs and may sometimes unintentionally harm them, or may push people away from services at times when they really need them?

Key to Amna's work is working in a combination of ways that combine trauma sensitive practice, identity informed practice, and values based practice. When you put all of those different pieces together, which underpin our ways of working, you have a much more community-responsive model that Amna has co-created with refugee communities and displaced communities over the last 10 years, and which has turned out to be very effective for the communities that we work with.

Ambar Castillo: In what forms are you seeing these Western approaches to mental health treatment?

Gabriella Brent: For example, it may involve going to a one-to-one meeting with a psychologist or psychotherapist or psychiatrist, and sharing lots of intimate things with that person. For many people, especially if they come from a more collectivist and less individualistic society, or if they're experiencing a collective trauma, that one-to-one model can feel very strange or alienating.

That can be compounded by having a practitioner ask you lots of questions you may never have been asked before, and you aren't expecting to be asked those questions. Also the practitioners may not have any personal or professional experience or training in working with communities who've experienced conflict, war, or displacement. That can create alienation between the person seeking or being offered help and the practitioner, which can often lead to people feeling unsafe and like this is not something for them, and then going away [without addressing] the difficulties that they are carrying and the symptoms that they may be experiencing.

When we're thinking about these scalable approaches, there's often a tendency towards a one-size-fits-all model, because you can say, here's a manual of six sessions, and you follow this step by step, and that's the journey that you take someone through. For many people, that will be a rich process, and they will get a lot from it, but what we know from a wealth of research, historical and current, is that we have subjective experiences of healing, and there are different conditions that work for different people.

This is a positive narrative that's emerging in the mental health and psychosocial humanitarian field at the moment. People need different things in different moments at different times, and therefore we need to be very aware of the limitations of

one-size-fits-all models. It doesn't mean that they shouldn't be available, and they can potentially be very effective at working with people en masse, but we should be realistic about our expectations of those approaches and the motivation for them as well.

Ambar Castillo: When you say the motivation for them, are you speaking about the motivation on behalf of whoever's creating these mental health models?

Gabriella Brent: Yes. The positive motivation is the incentive to address this social problem. In the UK, for example, cognitive behavioral therapy has been widely pushed through the National Health Service. The long-term outcomes don't demonstrate its efficacy, but it's considered a cost-effective approach. That's also a motivation for it being spread. What we shouldn't do is pretend that one model is the gospel of the healing approach for people from a community or across the world. There should be humility and a research-informed and evidence-informed understanding that different things work for different people. My hope is that a wealth of offerings is available to people in times of adversity so that more people can get what they need.

Ambar Castillo: When you speak about an approach like cognitive behavioral therapy being cost-effective, is it the expectation that if you teach someone to take these tools and use it, they won't need as many sessions or as many services?

Gabriella Brent: I think that's often the intention, that people have tangible tools that they can use to interrupt thought or behavior cycles. If you're working with the communities that Amna works with, what is being held in the human body and spirit is often generations of trauma and generations of displacement and generations of adversity. All of that results in a whole lot of grief and very likely chronic stress or trauma. Then there is a complex intersection of adversities, including economic adversities, insecurity about legal status, loss of livelihood. That may vary in terms of your experience of what work you were doing in the context that you left. Some people had very established careers, and other people didn't, and so that even experience is very different. Having six sessions or whatever it may be isn't going to cut it with complex and ongoing adversity. So we need to be realistic about what short term manualised models can achieve and if they are the right fit for a community. For the communities Amna works with, such a short and rigid approach is not going to meet the need and can actually feel disrespectful and alienating.

Within the ecosystem of what’s available, Amna has tried to hold care at the center of the intervention, to ensure that there are places that people can go over longer periods of time. It's about the quality of the service, the quality of the relationships, and the quality of the intervention and practice that is there to support people in different ways.

The Amna approach is all built around restoring safety. It's built around creating predictability and other factors that help people who have dealt with overwhelming loss and fragmentation start to regain their inner safety and to come back together.

Ambar Castillo: How do you create predictability in someone's life in an unpredictable world?

Gabriella Brent: For example, it may be a refugee center, or it may be a war zone, but under this tree or in this corner, every afternoon you have your facilitator there and you go behind the sheets, and for that session, you know that you're going to show up and there's going to be a facilitator who is going to greet you with love and care. And the format of the session has some predictability, so that the young person or child knows what to expect.

Within that hour session, there are very intentional activities that promote joy and belonging, and connection between the participants. Every activity has intentionality about helping the body emotionally regulate, to increase stabilization through activities that help release overwhelming feelings or emotions or hormones held in the body. Or for people who've gone into a trauma response, into a freeze and numb zone, activities that help to awaken and activate. You're coming as a child or a young person to a creative and dynamic space where you get to enjoy being with your peers, but through these different activities, your body and your emotions and your spirit is being helped to rebuild that sense of safety and regulation.

Through those sessions, you're also getting tools and practices through activities with writing or singing or movement that you can then do at home if you're feeling overwhelmed or scared, to restore strength or calm. It's very important that that session has predictability. The session will have a structure, beginning and end. They'll have familiar songs and activities so that the people coming know what to expect. Because when everything around you is profoundly uncertain and unsafe, predictability in your safe spaces is very important.

Ambar Castillo: I imagine it's tough to measure success. How do you get a sense of whether this approach is working with certain community members?

Gabriella Brent: Amna's been doing a lot of work in the past year and a half to make sure that our monitoring, evaluation, learning approaches are healing-centered. And where they themselves can have a therapeutic benefit, we're trying to embed that within our MEL approaches.

We look at different levels. We look at the individual participant level, the young person or the caregiver coming to the service. We look at the facilitator level. Amna's key focus is building this therapeutically informed workforce of organizations and facilitators who have the tools and skills to provide this care on an institutional level. At the facilitator level, we're tracking skill development and competence and confidence in applying different tools and methods over the time that they work with Amna. Then we're looking to see if they have continued to use those tools and practices beyond Amna's training and learning journey and funded intervention with them.

We now have very consistent findings with our partner organizations and facilitators across many different contexts in the world. Of course, there are contextual differences,

but we found that the sense of meaning, tools, skills, and knowledge increase in facilitators. We found organizational improved practice, and that includes understanding what their frontline teams are doing, improving safeguarding wellbeing, and team supervision. We found that organizations and facilitators have continued to use these tools and practices beyond the intervention with Amna.

On an individual level, we are looking at the impact of these spaces and services on the participants. We use focus groups, we use surveys, we use different feedback mechanisms to understand what the impact has been. Again, those have shown huge reduction in symptoms, huge increases in feeling cared about, and a sense of community knowing that there's people that are there for you and that they have tools that they can carry forward with them.

Then we've been doing a lot of work exploring what healing means to the communities that we work with, because there's lots of imposed assumptions by the sector or by psych professionals about what is valuable to communities and what they actually need in terms of wellbeing support.

Ambar Castillo: What are some of those common assumptions?

Gabriella Brent: A measure of depression or anxiety symptoms might notice that somebody, over a period of time, feels a reduction in those symptoms. That is obviously very valuable, especially if you're working on an intervention that's addressing solely anxiety or depression. What they often don't include is a holistic perspective or understanding of the complexity of experience that somebody's holding. The popular survey instruments don't account for different things: a young person worrying about their caregiver, or caregivers worrying about their livelihoods and how that conflicts with childcare, or the parts of the participants that are still at home, in the conflict zone, with the loved ones they have left and don't know if they'll ever see again.

There's a huge stigma talking about mental health, and [young people often struggle to] voice the invisible experiences that they're carrying about their inner truths, both because letting those fears in can feel counterproductive to moving forward and survival, and because you don't want to bring worry to your loved ones who may be in another country. Can I really tell my family at home what I'm going through? Because they need me to be good and strong. Often a simple survey instrument just looking at 7 or 10 questions can omit that bigger picture about what somebody's really carrying and so doesn't really assess the scope and depth of healing happening.

Additionally, if mental health services are doing a good job, often the reporting of symptoms such as depression, anxiety, and suicidality will increase for a period as participants are getting in touch honestly with what they are enduring. This is actually a positive outcome at a point in a well-held healing journey. However, for somebody seeing those results without knowing the context, that could rightly flag serious concerns. And if such results are being presented to funders without them understanding how healing works, that could risk the ending of funding for a service.

You have to be very thoughtful about who the survey instrument is for, what it's actually telling you, if it actually gives you anything that's meaningfully reliable, and whether you're seeking confirmation bias or a tick-box exercise. The dilemma with surveys is that using a standardized tool can be quite limited versus a measure that has more complexity but may not be standardized. Then people will say, okay, but does that mean anything if it's not validated?

Then, more importantly, particularly in the communities Amna works with, should you be making somebody who's going through these things sit through an exercise every six weeks or six months? Is it in service to them to ask these questions, and do they get anything back from it? Sometimes researchers ask 50 questions, and it’s an agonizing process. That's why Amna has tended to take a focus group approach. We're also exploring methods like PhotoVoice, where you can invite young people to pick or draw an image that represents their experience as a methodology to invite them to share in their own terms and voice. And you can aggregate it and code it, but without making somebody sit through an exercise that is often unclear what value it has for that individual, and if it's respectful when they are coping with loss and uncertainty and vulnerability.

Ambar Castillo: Earlier you mentioned collective songs. How do incorporate these and other creative methods into your approach, and why?

Gabriella Brent: Great question. For a couple of reasons. What we say at Amna is that our approach blends cultural wisdoms that have existed since the beginning of humankind—rituals that communities have used and still use across the world for meaning-making, celebrating, grieving, and that have huge wisdom.

Let's say music, for example, and rhythm. When you look at the research, there are many healing benefits to the experience: using your hands, the sensory experience, what's happening on a neurological somatic level, helping your body to release energy, and modulating what your body wants to do. Then the communal experience of making music together, humming together, singing together reminds you of being part of a greater whole. You experience attunement. In Amna, a lot of the work that we do is based around co-regulation, emotional regulation.

It's our capacity to return to our window of tolerance, our okay-enough zone, where we feel that we can cope. It doesn't mean that life is okay, but it feels like we can manage. When we start to go out of that, we can become dysregulated, which is when we feel less able to cope and start to act or behave in ways that we have less control over.

There's all of these practices like rhythm, music, movement, storytelling. They have different healing benefits that can help with that emotional regulation or co-regulation. That's regulating through connection with others.

Ambar Castillo: The research has shown that there’s a benefit to doing it with a group versus doing it by yourself.

Gabriella Brent: There's both. It's different. There are benefits of doing something by yourself, and there are other benefits of doing things as part of a group. Amna's intervention is designed to provide opportunities for both. When people are reminded that we are part of a greater whole, that we are not alone, that is huge. There are memories of that, and there's the feeling of that. There's lots of different layers of benefit, especially for communities that are often treated terribly, dehumanized, and experiencing the loss of loved ones, home, friendships.

That experience of belonging, as well as the somatic and physiological benefits that come with co-regulation activities, and the joyful experiences that come with that, are often casualties in experiences of overwhelming adversity, conflict and war, racism and xenophobia in many different countries. You can often lose your capacity to feel pleasure or joy. All of the interventions in Amna's approach are designed to foster regulation, the experience of belonging and connection, and to reawaken joy in a session.

Ambar Castillo: How does the co-creation of these approaches happen? How do you develop these culturally specific practices with different communities?

Gabriella Brent: Great question. We have trainings and principles that ask, how do we use rhythm and music as a tool for healing? How do we use movement? How do we use storytelling? How do we use arts-based practices? We have categories and tools that are heavily influenced by the latest research and ways of working.

Then there is this very question of contextual adaptation and cultural adaptation. Amna's programs are co-created with the communities that we work with. We know that in some countries or contexts, certain things are haram or not safe, so in our needs assessment stage, we'll be exploring the different tools or practices that exist there. Is there anything that is not allowed? What are the gender dynamics? All those types of things. Then we'll adapt the trainings according to that, and we'll also be responsive and read the room.

The other key part is that Amna has expertise in trauma and identity-informed care, and all of our learnings from the work we've done in the communities that we've worked with. Our approach is to say, “We are not the experts of your community. You are.” We are offering something, and our job is to provide the training and the support mechanisms to support you to meaningfully learn and to be able to safely implement what we're offering to you, but we are not asking you to do a cardboard cutout of what we're offering you. We're inviting you to reflect on the principles, the practices, and how to apply them in your context, and then our job is to support you with that.

We're expecting our partners to incorporate principles of predictability and safety, and some core things that are very important if you really want to build inner safety. But in Afghanistan, for example, we see lots of different weaving and textile-based activities. In other contexts, we'll see that music and dance really comes through with young people, but not with the adults. You start to see differentiation where different communities,

different age groups, different ethnicities or tribal groups within communities will focus on certain activities over others.

Or it can also be co-creation in the sense of how you engage the community. How do you get through the stigma that certain communities experience about help-seeking? Then there's the question of, why and how is this useful for us? The whole journey becomes co-created with the communities, and how you access certain communities, as well as what practices work best in what culture.

Ambar Castillo: The CoLab is focusing on resilience, agency, belonging. If you had to categorize your approach, which would you say your work focuses on the most?

Gabriella Brent: That's very hard, because all three are key parts of our intervention. I'm going to go for belonging if you ask me to choose one. Because community and the collective are the focus of Amna's intervention. Responding to the collective experience of trauma with a healing benefit is very significant in the impact of Amna services—the experience of feeling less alone, part of a caring community, somewhere to go. Everything is based around regulation and co-regulation, which is resilience, but we are mindful about resilience, because a lot of communities will say, “We don't want to be resilient. We don't choose to be resilient. We're resilient because we have to be.” Obviously, if you're supporting communities to keep going and to keep finding hope for the future and to have tools to keep navigating ongoing adversity and complexity, resilience-building is a key part of that. But we're always very mindful about projecting that onto what we do or what communities want and need.

Ambar Castillo: Tell me about Amna’s approach to agency.

Gabriella Brent: Agency is deeply important. In terms of the intended impacts that Amna assesses, we are looking for increased safety, increased emotional regulation, a sense of embodiment and knowledge, increased joy and belonging, and increased agency. For us, agency is about co-creation. It's about ownership of the sessions. It's about choosing whether or not to engage or do an activity. And over time it's about feeling more comfortable with help-seeking and knowing where to go for what they need, whether it's through a local or national service, or going to a community member, or confidence applying for a job. And most importantly, remembering who you are and what you want yourself and feeling more confident, subtly and significantly, to start pursuing that. I can remember a facilitator that we trained who herself was a refugee from Afghanistan, a wonderful woman, sharing how much the training and learning journey helped her to remember who she was before she became a refugee, to integrate the different parts of her, how for the first time in years she human and capable again, and how the self worth and healing was a gift that she wanted to share with others.

A key part of Amna's intervention is also centering lived experience. We partner wherever possible with refugee-led and minority-led partners. Those partners have a

commitment to hiring people from the communities that they are serving. There's lots of different dimensions of agency that ripple through Amna's approach.

Ambar Castillo: Have you noticed any tensions or tradeoffs when you're trying to strengthen all three at once: resilience, agency, and belonging?

Gabriella Brent: Because Amna's approach really respects the different ways in which individuals respond, take what they need, leave what they don't, and heal, that journey of belonging, of resilience, and of agency is very subjective. Our intervention isn't to say, "We're here to help you improve your agency," or "We're here so that after 12 sessions, you are going to feel more resilient." For us, they're extremely intertwined and complementary, and there aren't trade-offs, because most likely, if you are feeling more cared for or less alone, then you'll feel more resilient. If you're feeling more resilient, you'll feel more agency. So there's an interconnectivity between all of them.

I think the danger of an agency-heavy approach is that you could be putting a lot of onus on an individual, when actually that agency is stripped by the systems and realities that they are living in.

Ambar Castillo: The idea that it's your responsibility, you can make all of these choices, when you don't necessarily have many options.

Gabriella Brent: Yes. Or an overwhelming positive psychology approach could feel deeply disrespectful or unhelpful to the realities that people are living in, when what they might need is witnessing and validating so that their agency steps forward. A key thing that we look at from day one with the facilitators and organizations we train is, how does our multiplicity of identities—visible, invisible, voiced and unvoiced—influence our experiences? As facilitators or organizations, how does our identity attract or reject or welcome or push away different people? We do a lot of work around power and biases. It's part of our human instinct to scan for danger, for what we feel safe with and what we don't, but we want to recognize the conditioning that's behind that.

We try to take the shame out of it. It's a very natural human response, but let's notice that we facilitators also have our unconscious biases, so let's reflect on our role power as well. This is key to creating a safe space, but also for the message that we are giving to the communities that we work with. Are we able to accompany and witness and validate even when we feel helpless to the burdens and the losses and the overwhelm that somebody's going through? Can we really hold that and stay with it?

Ambar Castillo: When practitioners are doing that kind of reflection work, are there certain trainings or check-ins that are geared towards that?

Gabriella Brent: Yes. Across our different programs, we take organizations—be it civil society organizations or big institutions or international NGOs—through a change making process, which has training, teaching tools, and reflective practice built into it. The identity-informed practice is there from day one. Whether the journey is four weeks or two years, it is a core part of the work that we will do in terms of training and resourcing and skilling those partner organizations to become more identity informed.

Ambar Castillo: Is that training done collectively?

Gabriella Brent: Amna has four programmatic pillars. The first one is community partnerships, and this is all about resourcing local communities, the experts of their context. We're working with refugee-led organizations and civil society organizations, and we'll work with what we call a hub. We'll usually work with 10 partners at the same time. Amna will facilitate a training and learning journey with them. Let's say the average journey is a year or 18 months. Amna will provide some funding, training, reflective practice, and support to either set up or deepen their ability to provide these healing services within what they're doing.

Across that journey, we've got different learning stages. The first stage is about situating. It's understanding why we are doing this work. Why are we here? What other ways do we want to approach it? How do people in their community understand, experience, and express grief, trauma, and healing? We build a common language together that is relevant to that context. That's when we introduce trauma-sensitive, identity-informed, values-based care, co-creation, and safe practice. Then we move to the applying stage and bring in the collective healing practice, using rhythm, music, movement, storytelling, healing, and play as tools for healing with different age groups. Finally we move towards the integrating stage, which is really about their agency and confidence building and making sure that they have the tools and capacities to keep providing this care beyond Amna's training journey.

Ambar Castillo: What's one lesson or practice from your work that you think could help others?

Gabriella Brent: So many things I could say, but the key thing I'd like to say is that this is about humanizing experiences of grief and loss. Before we pathologize very human and normal responses to overwhelming experiences, I think it's important to recognize people's experience of grief and loss. People may carry scars with them, but those wounds don't need to stay open if people get the right care. That means time and space to grieve and heal. That means being around people who really care and can support and witness and validate. That means tools or practices or resources that help the body and the spirit to release what is overwhelming it, so it doesn't get stored in the body, which can then metastasize, if not metabolize, into longer term mental health or physical health problems. We can recognize and humanize what people need and what we need to make available. These are things that can absolutely be provided at a community level. There's so much wisdom to learn from, but sometimes these things have gotten lost and we've forgotten how to respect and make space for that grief and healing process.

Ambar Castillo: What's the most practical way you think someone could start applying some of what you just mentioned?

Gabriella Brent: There's a humility about what is this for, what it gives, and what it does not give. Not assuming it's a fix-all. Making sure that there's enough space in programs for people to respond or interact with the offering on their terms. Not ticking boxes. Here

are our prompts, but how does the individual or group respond to them? Because that trusts the innate wisdom and healing capacity of the person or group that you're working with. That's where the healing comes from. It's in response to the invitation, and that's also where agency is really important. It's respecting that subjectivity of the healing process, which is an ongoing process for all of us.

A good practical step would be for anyone interested to join Amna's free public bi-monthly introduction to safe spaces training, where we take participants through an experiential training that introduces key theory and some practices for healing work with communities experiencing adversity. We have practitioners from across the world: community workers, social workers, therapeutic practitioners, and asylum officers all join us and find that very valuable. For more information, see our social media pages or contact Alex at amna.org for upcoming dates.

Ambar Castillo: What do you think is an important question the Co-Lab should be asking right now?

Gabriella Brent: What is a realistic and appropriate expectation for this organization's work or intervention? By which I mean, is it meaningful to the communities? Is it on the communities' terms? Is it realistic, or is it grandiose? Can we be real about what we can achieve without setting up naïve expectations for organizations that then can negatively impact the intervention that they offer to a community?

Ambar Castillo: Thanks so much.

Ambar Castillo reports for Epicenter NYC, covering access and equity in some of the nation's most diverse neighborhoods. A former STAT health equity fellow through MIT's Knight Science Journalism program, her award-winning reporting bridges storytelling and public health. Supported by fellowships like the Solutions Journalism Network, Fulbright and Pulitzer Center, she has carried her reporting across communities from Queens to India.

** This interview has been edited and condensed.*