

Toolkit

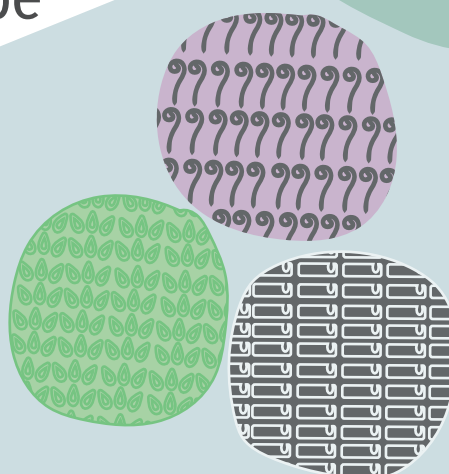
Arts Therapies with Refugee
and Migrant Communities –
Methods and Practice

create



Creative Therapy in Europe

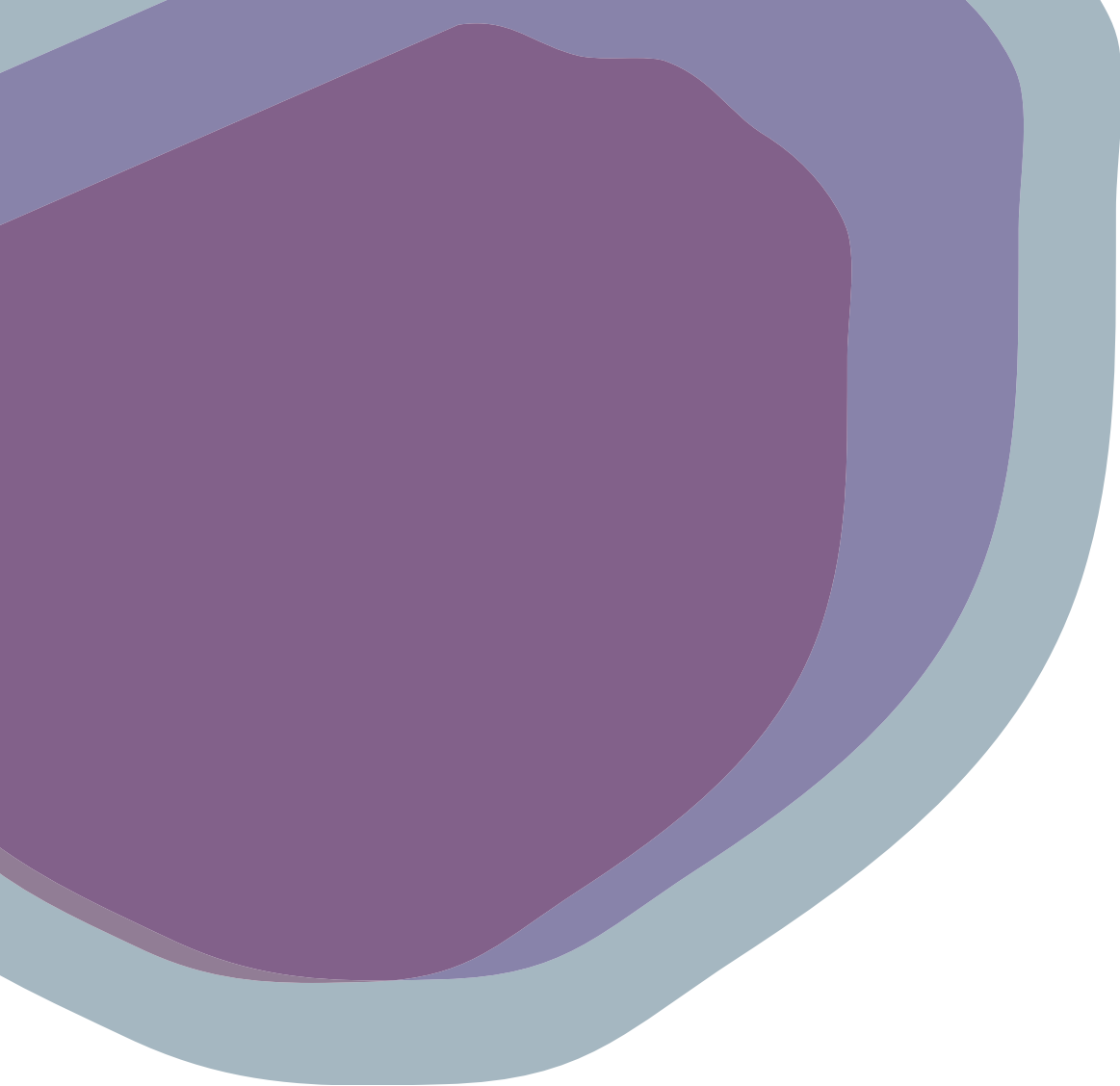
create-eu.com



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EDITORS:

ROSINA ULOKAMMA NDUKWE, CESIE - ITALY

SOAD IBRAHIM, CESIE - ITALY

SIMONE DONNARI, ASSOCIAZIONE SEMENTERA ONLUS - ITALY

VALENTINA CANONICO, ASSOCIAZIONE SEMENTERA ONLUS - ITALY

CONTRIBUTORS:

ADELE SPIERS, SOLA ARTS - UK

ALEXANDRA TYNDALE, CLONAKILTY COMMUNITY ARTS CENTRE - IRELAND

CATHRIN CLIFT, ITT - INSTITUT FÜR THEATERTHERAPIE - GERMANY

CLODAGH CONNAUGHTON, CLONAKILTY COMMUNITY ARTS CENTRE - IRELAND

JANA DIKLIC, COMPAGNIE ARTI-ZANAT' - FRANCE

JOE HEMINGTON, MERSEYSIDE EXPANDING HORIZONS – UK

JOE RENNIE, SOLA ARTS– UK

NICOLA DALEY, MERSEYSIDE EXPANDING HORIZONS - UK

PATRIC TAVANTI, ITT - INSTITUT FÜR THEATERTHERAPIE - GERMANY

RAPHAELA HEASLIP, CLONAKILTY COMMUNITY ARTS CENTRE - IRELAND

RICHARD GROLLEAU, COMPAGNIE ARTI-ZANAT' - FRANCE

SABINE HAYDUK, ITT - INSTITUT FÜR THEATERTHERAPIE - GERMANY

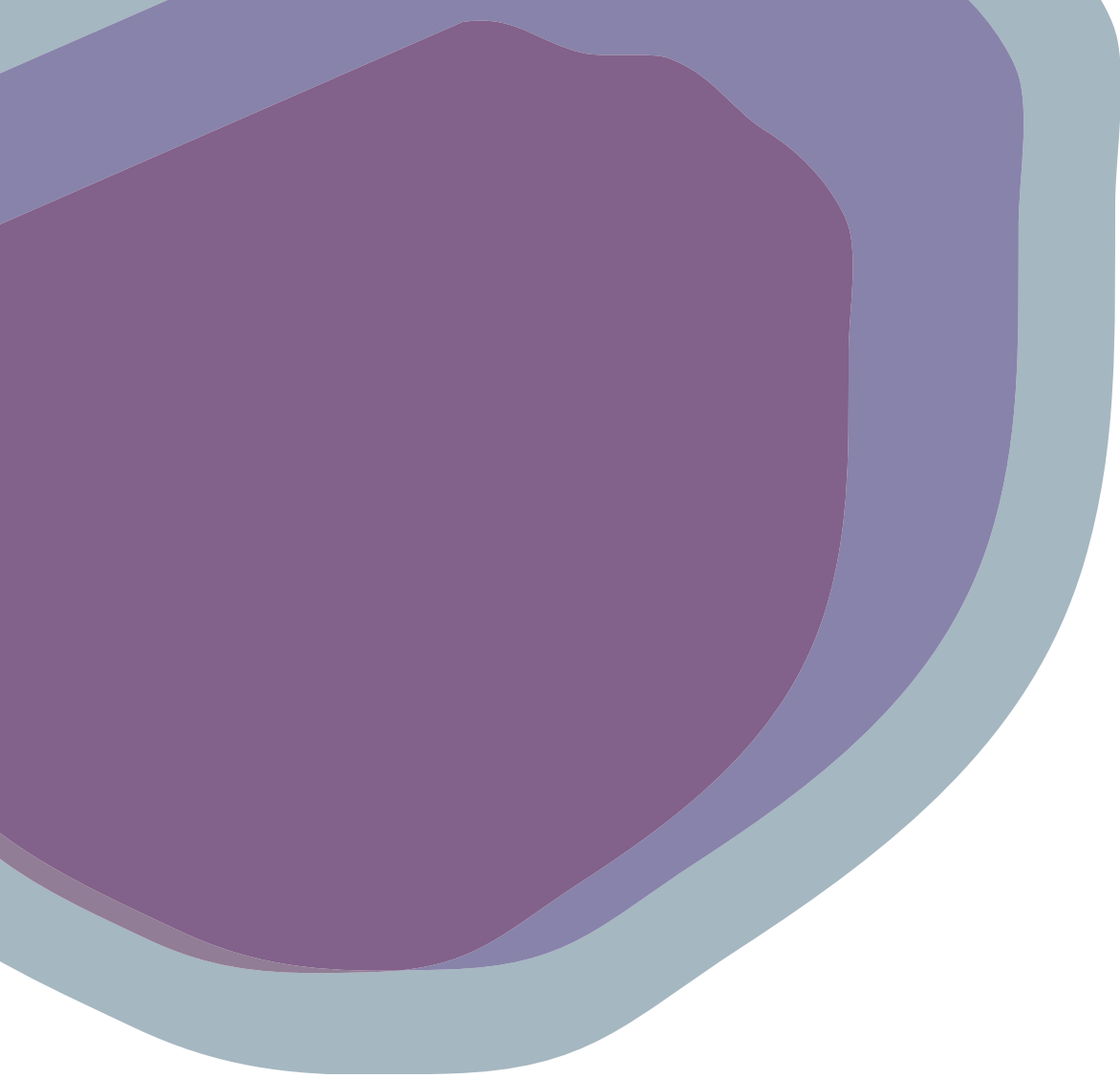
SHUMON FARHAD, SOLA ARTS - UK

SONJA NARR, ITT - INSTITUT FÜR THEATERTHERAPIE - GERMANY

STACEY HEMINGTON, MERSEYSIDE EXPANDING HORIZONS - UK

GRAPHIC DESIGN:

CESIE



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Contact details of CREATE practitioners and organisations

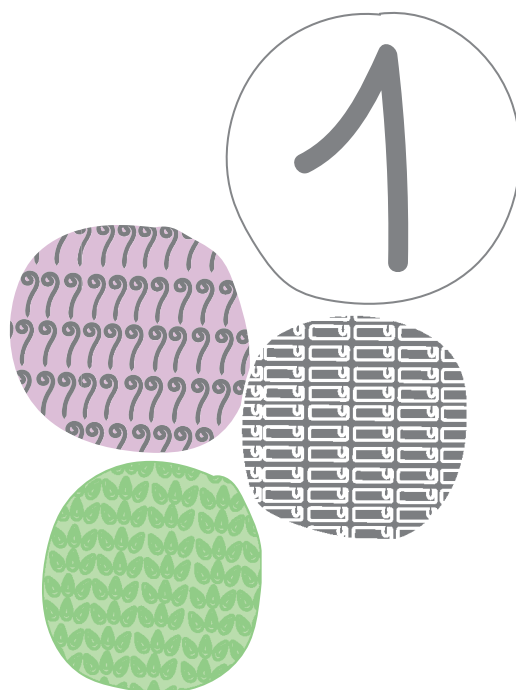
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INTRODUCTION

The CREATE Toolkit is a Toolkit for organisations and therapists working in the resettlement of refugees, asylum seekers and migrant communities across Europe to support the further use of the CREATE method and Arts Therapies within resettlement services.

Art therapy is based on non-verbal communication, connection, expression, witnessing and psychological processing. Psycho-social healing inherent in art therapy are found within many black and minority ethnic (BME) cultural approaches to psychological healing; due to the symbolic content of image making and cultural expression.

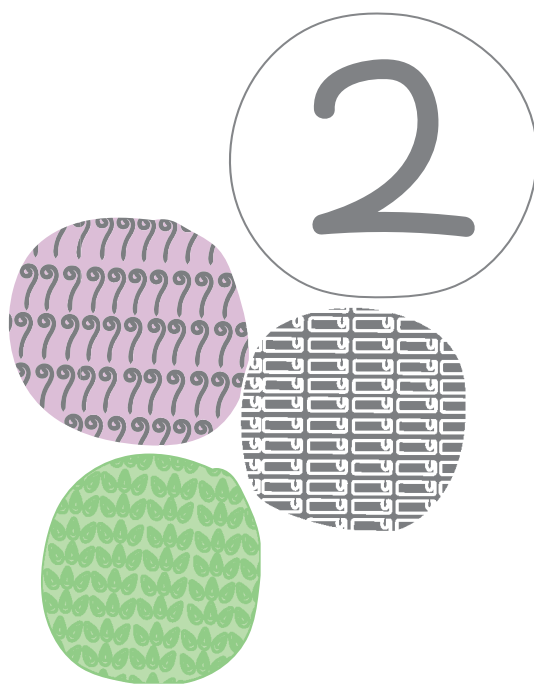
This Toolkit aims to spread the CREATE methodology throughout Europe. It is a source of inspiration for those working in the resettlement of refugee, asylum seeker and migrant communities who can apply the methods and activities of CREATE to support the resettlement of migrants and refugees within local, regional and national support services. The project has involved 23 Arts Therapists and co-Facilitators and 129 participants from 5 countries – United Kingdom, Italy, France, Germany and Ireland in its activities to test and explore Arts Therapies.

The Toolkit we have developed is a result of the Erasmus+ project CREATE – Creative Therapy in Europe and brings together the experience of shared methods and practice over the 24 months of the project delivery. Especially, it is the result of a delivery of different Creative Therapies widely recognised as Arts Therapies (art, dance and movement, theatre and drama) across the United Kingdom, Italy, France, Germany and Ireland.

This Toolkit has been developed by the CREATE partnership with support from all the Arts Therapists, managers, co-facilitators and participants to effectively demonstrate the positive role of Arts Therapists in the resettlement of refugees and migrants with mental health issues.

(You can read all about the CREATE project and partnership in Chapter 3).

Happy
reading !



HOW TO USE THIS TOOLKIT

Who is this Toolkit for?

This toolkit aims to raise the capacity of institutions working in resettlement and other therapists to imbed the CREATE methodology and adopt the Art Therapy principles and process in order to provide more effective support to individuals identified as refugees, asylum seekers and migrants experiencing mental health issues in their resettlement in hosting countries.

As a resource, this Toolkit aims to provide innovative material for use in supporting people with mental health issues, addressing the specific needs of therapists wanting practical and informative ideas on how to provide effective therapy support to their client groups. Furthermore, the Toolkit as a resource for therapy provision is intended to be adapted to the delivery needs of a wide range of therapists and institutions working in resettlement, to the diverse cultural contexts and to the different systems of support services. Therefore, an important aim is that other disadvantaged groups within arts therapies provision can benefit from this Toolkit.

What is inside the Toolkit ?

Following this introduction, the Toolkit is divided into 6 main sections that :

- ☞ *Explains what the CREATE project is all about and the CREATE methodology which is central to the therapeutic approaches tested;*
- ☞ *Gives advice on how to use the Toolkit for therapy practice;*
- ☞ *Offers guidance for using Arts Therapies in resettlement organisations and packages through easy to follow “Top Tips” from the Arts Therapists;*
- ☞ *Provides an insight into the therapy practices used in the CREATE project through case studies from the different therapist who have been involved in testing and co-producing a range of different Arts Therapies;*
- ☞ *Provides a point of reference for the CREATE practitioners and organisations;*
- ☞ *Offers suggestions for further reading, appendix and supporting resources on Arts Therapies;*

In Chapter 4, the Toolkit offers therapist-led guidance in the form of “Top Tips” for effective therapy delivery and covers the main areas of recruitment, preparation and delivery, evaluation and documentation of the therapy process and outcomes.

Chapter 5 provides a range of six different case studies from the Therapists who were involved in the project. The case studies are diverse in style and content demonstrating the variety of methods represented within the therapist’s works and the diverse client groups in which the Therapists of the CREATE project engaged with.

The case studies provide an understanding and reflection about the process and the positive impact of therapy practices on participants from refugee, asylum seeker and migrant communities. It also shares the experiences of both the Therapists and clients during the therapy process.





CREATE – Creative Therapy in Europe

Refugees' integration is a complex and multidimensional construct, referring to integration into the economic, educational, health and social contexts (Robila, M 2018). This situation from both the perspective of European integration and of human rights is of great importance. With 205,000 irregular border crossings in 2017, arrivals to the EU were 28% lower than in 2014 before the refugee crisis, pressure on national migration systems and social policies on how best to support refugees, remains at a high level with 685,000 asylum applications lodged in 2017¹.

Good mental health is crucial for the successful integration of migrants in a new country, impacting on their ability to access education and employment, local services and language learning and overall wellbeing. Mental health varies between migrant groups. Refugees and asylum seekers are particularly prone to mental health issues such as anxiety and depression often associated with the physical and mental impact of conflict and war in some countries of origin, trauma and loss associated with migration and settlement processes including isolation, loss of social status, poverty and insecure legal immigration status, and the impact of government policies such as detention and dispersal in the receiving society. Studies across European countries point to higher rates of post-traumatic stress disorders (PTSD), depression and anxiety among asylum seekers and refugees compared to the national population or other migrant categories (Robila, M 2018; Raphaely and O'Moore 2010).

The CREATE project aimed to develop learning resources which support the professional development of new and existing Arts Therapists through the development of approaches for professionals working with refugee, asylum seeker and migrants experiencing mental health issues. CREATE has developed training modules which promote partnership working among Arts Therapists (Art Therapists, Dance/Movement Therapists, Drama Therapists or Music Therapists), existing packages of support for refugee and migrants to EU countries. It will also produce a training module specifically aimed at the supervisors of Arts Therapists working with Refugees and Migrants.

CREATE was a two year project co-funded by KA2 Strategic Partnership for ADULT education action of the Erasmus+ Programme² and brought together 7 diverse organisations from UK, Italy, Germany, France and Ireland with specific expertise in the development of training programmes, Arts Therapies, refugee and migrant support and mental health services.

The partnership observes that Art Therapy effectively supports people where language and cultural differences are barriers to processing, as illustrated in literature such as 'Art Therapy, Race and Culture' (1999), 'Art Therapists, Refugees and Migrants' (1998), and 'The Portable Studio' (1997).

1. European Agenda on Migration : Continuous efforts needed to sustain progress European, Commission press release, 2018, http://europa.eu/rapid/press-release_IP-18-1763_en.htm

2. European Union's Erasmus+ programme is a funding scheme to support activities in the fields of Education, Training, Youth and Sport, *What is Erasmus+ and how is it managed ?*, 2018, https://cea.ec.europa.eu/erasmus-plus_en

CREATE aimed to contribute to the achievement of:

- The objectives of the European 2020 Strategy³ and the objectives of the strategic framework for European cooperation in education and training -(ET 2020).
- The promotion of European values in accordance with Article 2 of the Treaty of the European Union⁴.
- EU Agenda on Migration (2015)⁵.
- The development of professional Arts Therapists (professionals who support migrants with mental health problems through art, music, dance, drama) across Europe supports the EU agenda for adult learning⁶.

Its specific objectives were to:

- Co-produce a range of training packages for Arts Therapists and Community Support Professionals to enable them to support migrants with mental ill health.
- Engage mental health centres and centres supporting young migrants in designing training packages thereby, challenging stigma and increasing awareness of mental ill health and how to face this through Arts Therapies.
- Foster the creation of a network of Arts Therapists and Community Support workers in the field of migration and mental health across Europe and development of training packages and resources for Arts Therapists and Community Support professionals.

3. A strategy for smart, sustainable and inclusive growth, *Europe 2020*, <https://www.eea.europa.eu/policy-documents/com-2010-2020-europe-2020>

4. Consolidated versions of the Treaty on European Union and the Treaty on the Functioning of the European Union (2012/C 326/01), *Official journal of the European Union*, 2012, <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2012:326:0001:0012:EN:PDF>

5. European Agenda on Migration Legislative Documents, 2018, https://ec.europa.eu/home-affairs/what-we-do/policies/european-agenda-migration/proposal-implementation-package_en

6. Council Resolution on a renewed European agenda for adult learning (2011/C 372/01), *Official journal of the European Union*, 2012, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32012H1222%2801%29>

3.1

The Create Methodology



CREATIVITY

RESETTLEMENT

SOCIAL INTEGRATION

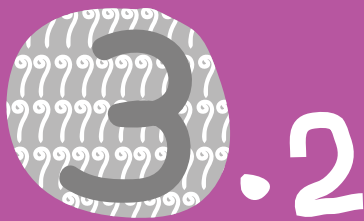
The three main pillars of the pedagogical methodology within the CREATE project – creativity, resettlement and social integration, are the use of creativity from an intercultural approach and through coproduction for the wellbeing of refugees and migrants, in particular those living with Post traumatic Stress Disorder (PTSD). This approach includes asking questions around the usefulness and application of Arts Therapies within resettlement and the involvement of resettlement services to invest in supporting this.

Before the delivery of the piloting of the Arts Therapies with refugee and migrants, the agreed structure and considerations for group based arts therapy sessions were identified and agreed during a collaborative training bringing together the Arts Therapists, Facilitators and Managers from the UK, France, Germany, Italy and Ireland. This training provided a space to 'sort out' what could and could not be used, what should or should not be included and what the group of Arts Therapists wanted to borrow or share from each other in therapeutic style or approach.

Underpinned by considerations around ethics and therapy, five key areas we identified and detailed for the structure and considerations of therapy sessions delivery

- *Target Group inclusion criteria;*
- *Therapy session and delivery length;*
- *Safeguarding;*
- *Pre-Therapy assessment and information gathering;*
- *Storing of products/artworks from within therapy sessions.*

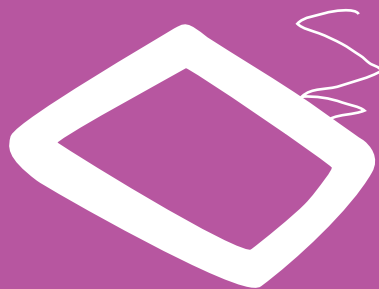
Further details of these 5 key structural frameworks are detailed in the Training Module for Arts Therapists Working with Refugees and Migrants (I02) which can be found on the CREATE project website at:
<https://create-eu.com>



About the CREATE Project Partners

ITT / Institut für Theatertherapie (DGFT e.V.)

The German Society for Theatre Therapy (DGfT) was founded in Hanover in 1995 to create a forum for discussion and work for all who are active in theatre therapy and related fields. Its purpose is to promote the application of the healing and socially integrating potential of theatre and dynamic art forms in clinical, social and other relevant fields of work. The Institute for Theatre Therapy (ITT) section of the DGfT mission is to promote and carry out teaching and research in the field of theatre therapy. It provides further



education, training, projects and research on the use of artistic media in the developing and changing situations. The Institute is involved in numerous theatrical therapeutic projects in clinics, social service environments and prisons. This includes many projects with refugee adults and

children. ITT has also participated in the Erasmus + CREATE project and participated in 3 therapeutic groups in the pilot phase of CREATE.

SOLA ARTS (UK) is a registered charity and company limited by guarantee established in 2004 for integration and self-expression of refugees, black and minority ethnic (BME) and people most vulnerable in our community. SOLA has since evolved into a larger and wider remit for integration and support, maintaining the core focus on empowerment, self-expression and wellbeing, in particular for migrants. SOLA ARTS provides Art Psychotherapy through individual or group work within programmes for children, young people, adults and elders. SOLA ARTS specialises in working with refugees affected by trauma, as well as social and development support and integration



through skills training, creative activity and social engagement. SOLA ARTS also coordinates an annual arts festival around the theme of refugees to promote dialogue and understanding and challenge stigma and prejudice.

Merseyside Expanding Horizons Ltd (MEH) (UK)

is an established voluntary and community sector organisation working in the field of social inclusion on Merseyside and is a key stakeholder and influential support body. MEH focus on Social Inclusion through partnership to deliver projects supporting disadvantaged individuals into employment, training and self-employment and social enterprise development through a wide range of informal learning methodologies. MEH deliver services to target sectors and support a range of excluded groups. MEH are adaptable and are present at both strategic and grassroots level. MEH has established links with associates, public sector organisations and decision makers working within youth and adult education



supporting a number of regional initiatives to support excluded individuals into learning and the labour market.

CESIE (Italy) is a European centre for studies and initiatives based in Palermo, Sicily. It is a non-profit, apolitical, and secular non-governmental organisation with member organisations in more than eight European countries. It was established in 2001, inspired by the work and theories of the pacifist Danilo Dolci (1924-1997). CESIE links local, national and international contexts and is committed to stimulating development and change in educational, cultural and economic spheres through the creation and use of innovative tools and methods. The main objective of CESIE is to promote intercultural dialogue, responsible and sustainable development, international cooperation and entrepreneurial spirit. Active learning is supported by the use of primarily non-formal methods including: the Reciprocal Maieutic Approach, Creative Thinking, Theatre of the Oppressed, also dance and other artistic and creative techniques including Critical Incidents Method (Cohen-Emerique).



Associazione Sementera Onlus (Italy) is a non-profit association that is constituted by mental health patients, their families, and 40 volunteers which are mental health professionals (psychiatrists, psychologists, psychotherapists, art-therapist, social workers) and engineers. Sementera cooperates with the local mental health services and it is associated with the Department of Social Sciences of the University of Perugia. Sementera collaborates with other Italian Universities (Parma, Pisa) and is linked to the international society for the psychological and social approach to the psychosis (ISPS), a network that combines the major international research centres involved in the integrated treatment of psychosis.



Compagnie Arti-Zanat' (France) is a theatre company with special focus on marginalised and disadvantaged groups. The company was created in 2009 by Richard Grolleau, actor, theatre director and drama-therapist and Jana Diklic, theatrologist and manager. Compagnie Arti-Zanat' is a non-profit organization and is registered in France as an association Loi 1901. It implements projects with different marginalized groups in France and in Serbia (migrants – asylum seekers, teenagers being without parental care, disabled teenagers in France; persons experiencing mental health problems, people living with HIV or the Roma minority in Serbia). Those projects include a theatre or other art workshop having therapeutic purposes on one hand and aiming to rise a specific society question on the other. The final presentations of

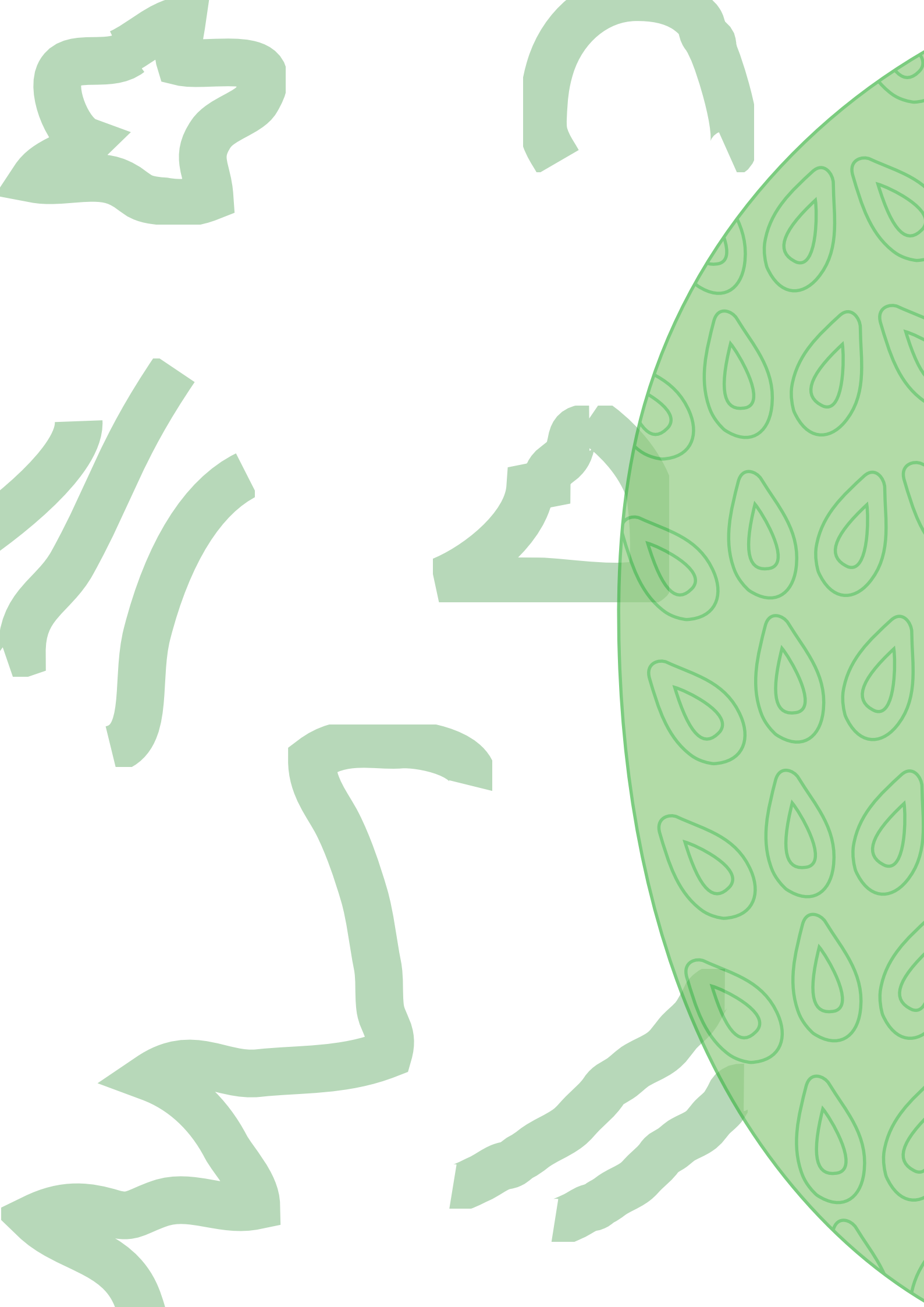


work are often organised in collaboration with cultural venues in order to open to a wider public and offer another look at the participants. Other complementary activities can be part of our projects.

Clonakilty Community Arts Centre (CCAC) (Ireland) is a fully inclusive Creative Hub for the whole community; a space for the provision of the full spectrum of Creative Arts based activities within the town. The centre was founded in 2012 by a group of volunteers who envisioned a supportive creative network in the Clonakilty area and an inclusive friendly environment to work, meet, explore ideas and exhibit work. The centre hosts up to 12 exhibitions a year, a large selection



of classes, workshops and outreach programmes and is directly involved in the facilitation and provision of all things creative to the Clonakilty and larger West Cork areas.



4

Guidance for using Creative Therapy in Resettlement Organisations and Packages

This section provides guidance from the 6 Arts Therapists that have lead the therapy sessions with the target participants across the UK, Italy, Germany, France and Ireland. It is crucial that in the design and delivery of therapy, a range of topics and themes should be considered in order to ensure effective delivery and to support the desired outcomes for the participants receiving therapy.

This section has been co-developed by the CREATE partner organisations with contribution from all Therapists from the different countries who have tested adapted and co-produced different therapy methods within their work.

This section aims to offer therapist-led guidance so that you can effectively put therapy sessions into practice and be aware of the key areas to consider that may impact on your work, or may hinder the involvement of the people you want to engage with. With these Top Tips, we want you as Therapists, Facilitator or leader of an institution involved in the resettlement of migrants to get the best results from the service you will deliver!

Above all, the "Top Tips" are intended to be useful suggestions and advice that have resulted from the Arts Therapists journeys during the delivery of the CREATE project. How you use them and follow them in order to better deliver your therapy practice is entirely up to you!

4.1

The Arts Therapists of CREATE



Soad Ibrahim
Creative method used:
Dance and
Movement Therapy

CESIE - Italy

Soad Ibrahim is a dancer and Dance Therapist. She graduated in Intercultural Communication and post-graduated in Peacekeeping Management and holds a Master's in Dance Therapy. She has been studying dance since the age of 13 and in her work she integrates many disciplines such as contemporary dance, traditional dances from Asia and Africa, and the "Theatre of the Oppressed". Soad grew up between Italy, Greece and Egypt where she mainly worked with asylum seekers and nomads and she learned dancing with them. Since 2010, she lives in Palermo in Italy working mainly in dance projects related to the social inclusion of vulnerable individuals and groups, and the mother-child relationship world.



Adele Spiers
Creative method used:
Art Therapy

SOLA ARTS
United Kingdom

Adele Spiers is a qualified and registered Art Psychotherapist based in Liverpool, England. She is a psychodynamic informed practitioner, passionate about human rights and empowerment through art and therapeutic support. Adele co-founded and is Managing Director of SOLA ARTS, a Liverpool arts and mental well-being charity. She has considerable experience in facilitating and developing arts and cultural programming, intercultural and trauma focused therapy and enabling shared understanding of culture and diversity through psychotherapeutic and psychosocial activity and arts engagement.

Adele is Clinical Lead at SOLA ARTS encompassing role as Senior Art Psychotherapist, overseeing Clinical Governance and therapy programming and providing Clinical Supervision. She leads on therapy projects that develop transcultural and pan-European Supervision models for professionals working with refugees and migrants and development of skills training for intercultural approaches to Arts Therapies and CPD training.

Adele is highly experienced working with PTSD, trauma focused therapy and intercultural and cross-cultural therapy. She is also experienced working with all ages and family or individual dynamics. Adele works with mental health difficulties such as historical trauma including childhood abuse, eating disorders, long-term illness, anxiety, Personality Disorders, Dissociative Disorders, Borderline Personality Disorder and Psychosis. She also supports artists from refugee backgrounds to develop their careers and deliver psychosocial programmes for mental wellbeing. Adele supervises a dynamic multi-disciplinary team of Psychotherapists, Social Worker, Mentors, Trainee Art Therapists and volunteers.



Richard Grolleau
Creative method used:
Drama-Therapy
("dramatic figures"
method by R. Grolleau)

Compagnie Arti-Zanat'
France

Richard Grolleau is a French actor, Theatre Director and Art Therapist. He attended acting school of Pierre Debauche in Paris from 1991 to 1994 and worked with a number of theatre directors within independent theatre companies. In 2008, he attended school for art therapy INECAT in Paris, where he currently delivers training sessions in drama therapy. In 2009, he founded Compagnie Arti-Zanat', a non-profit organisation proposing "theater and society" projects with partners from social, medical or educational field. Within the organisation, he proposes "workshops of artistic support" to vulnerable groups (persons with disabilities, children without parental care, asylum seekers, users of psychiatric services) in France and in the Balkans. The performances issued from those participative projects are presented to a wider public, aiming to touch upon actual society issues. He also leads drama-therapy sessions in collaboration with specialised institutions. As Theatre Director, he recently staged "Triptyque Antigone", inspired by Sophocle's tragedy, for three actors, the rock group ITHAK and a chorus composed of non-professional actors. Since 2013, he works continuously in the Cimade refugee centre in Massy, France.

(Image by JF Mariotti)

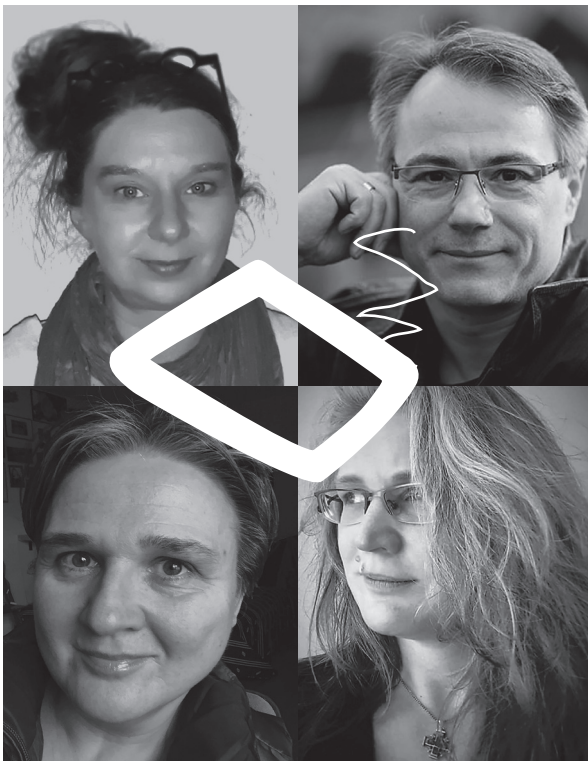


Simone Donnari
Creative method used:
Art Therapy

Associazione
Sementera Onlus
Italy

Simone Donnari is Art Therapist and president of the Italian professional association of art therapists (APIArt). He is the Educational Director of Art-Therapy School in Assisi, Italy and Co-Founder of the Gaetano Benedetti Institution, school of psychotherapy. Since 1995 co-founded Sementera Onlus, an association dedicated to social rehabilitation of psychotic and autistic patients. In 2011, he co-founded ISPS Italy. He gives regular seminars, lectures and supervisory sessions in Mental Health Centres in Italy, University of Perugia, Stenden University - Nederland and New York University Steinhardt. Since 2008, he gives courses with Continuing Education Credits for nurses, physicians, and other healthcare professionals. Since 2016 he is in charge of Atlas Centre, Perugia, Italy





Sabine Hayduk (Women Groups), Patric Tavanti (Men Group), Cathrin Clift (Supervisor), Sonja Narr (Conceptual and Therapeutic Counselling)
Creative method used: Drama and Theatre Therapy

ITT - Institut für Theatertherapie Germany

Sabine Hayduk is a theatre expert, social psychologist (LMU Munich, Goldsmith College London) and system-oriented Drama and Theatre Therapist (KHSB / DGFT). Since 1996 she has worked throughout Germany as a director at city and state theatres as well as a lecturer in adult education. Using her training as a theatre therapist she was able to combine her artistic and pedagogical expertise to work on an acute psychiatric ward which allowed her to gain experience in the clinical field.

Since 2013 she has initiated and lead encounter and integration projects for women from various cultural backgrounds (including projects «Cinderella» and «Meet Creatively» in cooperation with Oase Pankow / Paritätischer Wohlfahrtsverband), thereby combining many years of intercultural experience with sound pedagogical and creative therapeutic knowledge. The current focus of her work is resource-oriented work with refugees. Additionally she has been writing a dissertation on transcultural theatre-therapeutic work with myths since 2017.

Patric Tavanti is a system- and body-oriented, performative Theatre Therapist (DGfT reg.), prior to his current work as a theatre therapist and with the Caritas Association for the

Archdiocese of Berlin e.V., he was an actor, author, director and instructor in German-speaking countries. He works with young offenders, children and adolescents, leads a therapeutic group of men in Bochum and accompanies groups and people in spiritual self-awareness with theatre, nature and wilderness therapy methods. In his areas of responsibility as a therapist and for the Caritas association, he now has a solid and practice-based foothold in working with refugees and people with a migrant background. In addition to the accompanying impact research on working with children with experience of flight in the project «A Safe Place in Uncertain Environment», funded by the Robert Bosch Foundation, he now also brings his expertise to bear on targeted work with adults.

Cathrin Clift is a qualified psychologist, system-oriented Drama and Theatre Therapist (DGfT reg.) as well as a communication and behavioural coach. She has been working as a trainer, supervisor and lecturer since 1998 in the areas of crisis intervention, pastoral care, trauma survival and prevention. She advises social organisations on issues of conflict resolution, prevention of burn-out among helpers and intercultural matters. Her training as a Drama Therapist and previous experience in

other occupational fields provides her with the opportunity to productively link therapy and performance. In addition to her cultural activities, for example co-founding the Canal Theatre in Eberswalde she also provides Resilience-Training for children and adolescents via The Adolescent Psychiatric Service Berlin-Neukölln). In addition, she is carrying out impact research on people with experience of flight (e.g. the project «A Safe Place in Unsafe Surroundings». This project is funded by the Robert Bosch Foundation)

Sonja Narr is a theatre specialist (MA), system-oriented Drama and Theatre Therapist (DGfT reg.), non-medical practitioner for psychotherapy (Enactive resource-oriented trauma therapy) and lecturer in adult education. Since 2011 she has been working as a drama therapist in the fields of psychiatry, psychotherapy and psychosomatic medicine with inpatient and day clinic patients. She is a long-time lecturer in adult education (including German as a foreign language) and in resource and encounter-oriented work with refugees and migrants (For example the project «Meet creatively - Intercultural Playroom for Women» 2015 and 2016, funded by Oase eV / Paritätischer Wohlfahrtsverband Berlin). With her clinical therapeutic and trauma therapeutic expertise as well as her experience in teaching in an intercultural context, she is responsible for CREATE in its various phases of organisation and communication as well as conceptual and therapeutic counselling aspects.



Ali Tyndale, Clodagh Connaughton, Raphaella Heaslip
Creative method used:
Art Therapy, Drama and Movement Therapy



Clonakilty Community Arts Centre
Ireland

Ali Tyndale is a Sesame trained Drama and Movement Therapist, registered with IACAT who qualified in London in 2005. She has worked with various client groups including children in Great Ormond Street Hospital and adults in mental health settings. She has worked most recently with older people and in family support centres offering one to one therapeutic sessions to children.

Clodagh Connaughton is an Art Therapist who previously worked in Acute Healthcare in The UK, Australia and Ireland before transitioning into Creative Community Care Development 10 years ago. Clodagh holds an honours Master's Degree in Art Therapy, a BSc in Digital Technology, and a Dip App Sci - Healthcare, allied with many years of experience in designing, implementing, coordinating and managing healthcare programmes. Her style of working is eclectic, drawing on experience of working with different cultures and different healthcare systems. Being mindful of the individual's advocacy and personal needs, she assists participants to reach their potential and gain social inclusion. Primarily working in a phenomenological person centred way and drawing from other modalities as needed. She is highly skilled in Advocacy, Change Management and navigating hurdles for the benefit of the individual.

Raphaella Heaslip, IMS, IMBADth, Registered with IACAT, Sesame Ireland Administrator, has pioneered Sesame Drama and Movement Therapy in Ireland. She has worked with different client groups since qualifying in 1993, presently working with clients with a learning disability, the elderly and those on the autism spectrum. With Ali Tyndale, she facilitated Sesame sessions in Kinsale Road Asylum Centre.

4.2

Top Tips for Arts Therapists and Trainers

1. RECRUITMENT OF PARTICIPANTS

COMMUNICATE WITH STAKEHOLDERS FROM THE OFFSET

-Communicate with other services that use art-therapies to work with migrants. Also, make contact with local communities, shelter houses, associations and social services that are already working with migrants and refugees that can provide an important point of referral and point of reference throughout the therapy process.

-From the recruitment stage, up to the evaluation stage, it is important to have a referent for the project: we call the referent person, a person from the partner organisations who will act as a "bridge" between the arts-therapist, the participants and the partner organisation.

-Try to include medical and allied healthcare staff if possible. Also liaise with resettlement team for the best scenario.

- When contacting the Stakeholders, it is advised to organise a meeting in person and possibly show a video representing your method so they can have a clear understanding of what you are proposing.

-Identify key referral agencies, train their staff up to have an insight into the therapeutic approach being used and have a foundation understanding of the value of Arts Therapies. It is helpful to include an

experiential of how Art Therapy can enable staff to think out interactions with their clients for example.

-Be sure of the criteria for accepting clients into therapy and co-produce a referral form and referral process with one or two key stakeholders who are the main referral agencies if relevant.

SPREAD THE WORD

-Circulate posters with information to places frequented by migrant communities. Communication materials should also have information in different languages depending on the local context and the communities you would like to engage with.

Hold some Information meetings (inside and outside different reception centres) and take telephone and/or e-mail contact details of people who could be interested in participating.

UNDERSTAND YOUR CLIENTS AND HOW TO ENGAGE WITH THEM-

-Be careful with communication. Try to be clear and to translate if it is necessary. There is a common misunderstanding or cultural misconceptions and stereotypes among the individuals you want to help concerning the word "therapy". Consider avoiding the use of word "therapy" if you aware that there could be some cultural issues concerning mental health awareness. Instead, it is better to use words such as movement, body expression or sharing moments and speaking with the clients beforehand to make them understand what activities will take place and the methods to be used to address this.

-Be mindful that people from refugee backgrounds can be extremely resourceful yet needy and so can referral agencies in supporting mental wellbeing needs of their clients. So, do not feel pressure to accept simply anyone referred into therapy.



-Speak about certification (of attendance and participation) to potential participants and explain giving practical examples why it could be useful for them to participate regularly e.g. increasing key competences and skills etc.).

-It is important that you can offer clients during the recruitment stage an introductory session in order to define the frame of the therapeutic process (dates, time, place, engagement, frame of the therapy sessions), the proposed work/journey within the sessions and the proposed creative process.

-Go where possible clients are already - if possible to familiar meeting places, show your face and make yourself available for talks.

-During the very first meeting with refugees, bring people able to translate your presentation in English and French and other languages of the group for example.

-Do not rely on talking too much but propose a small experience, like making music together with small instruments or with the hands on the table or with kitchen stuff.

OPEN THE GROUP TO OTHERS

-Opening the group to local volunteers is an important consideration in the therapy process. It could enrich the sharing moments.

-If possible, involve more therapists or volunteers to take care of the children of the participants. There could be an expressive laboratory dedicated to children. They could produce something like a drawing to show to their parents at the end of the session.

-Involve heterogeneous groups: persons alone and persons with family, persons coming from different cultural backgrounds, persons facing mental health issues and more stable person. If possible, bring together persons from migrant/ refugee backgrounds and other inhabitants of the local community.

MAKE TEAMWORK A KEY PART OF THE PROCESS

-Work as a team. Recruitment can be a very lengthy and frustrating process and you will appreciate the mutual support. Ideally, you will also have a language mediator in support.

BUILD TRUST

-Find a trustworthy person who can help establish contact with potential clients and translate for them if necessary. Within the client group, convince a person that you are trustworthy, that your method is helpful and that it can act as a multiplier.

-Be aware that many migrants are extremely suspicious of the concept of «therapy» and even more so of the concept of Arts Therapies. You will need to drink a lot of tea before you get your first client: only when potential clients trust you will they be prepared even to consider therapy (despite mistrust).

USE MENTORS, ROLE MODELS AND COMMUNITY CHAMPIONS

-Select a referral 'champion' who knows the clients well in order to get referrals from them.

-Have an on-going informal open group of larger numbers, for example 8-10 participants supported by a creative mentor for example. This can act as an on-going assessment space and art therapy informed, whilst allowing for beneficiaries who are anxious about engaging in therapy to make initial contact with a therapist or people who do not define themselves as having mental health difficulties.

ESTABLISH DIFFERING AVENUES INTO CLOSED THERAPY SESSIONS

-Allow clients to make contact with the therapist prior to a formal assessment meeting and enable an assessment and formal referral offer if appropriate. Bring this alongside the formal referral process such as a direct formal referral from key agencies into closed group programmes.

2. PREPARATION AND DELIVERY OF ARTS THERAPIES

THERAPY IS NOT ALWAYS ACCEPTED OR UNDERSTOOD

-Therapy itself is a Western concept that is not always accepted or understood in other cultures. Therapy is usually directed to the individual. In other societies, however, the individual does not have the same meaning as in the European-American world. Methods based on the BASIC Ph, for example, jointly planning and building furniture or the like can be helpful.

-Physicality and «exposing» your body in body-oriented therapies can be regarded offensive and immoral. Patience is necessary here! The social, moral and cultural boundaries of the participants must be considered and appreciated.

ANALYSE THE NEEDS OF THE GROUP

-Choose the time and place (if possible) that will facilitate everyone's participation. If working with people with children, especially women, offer childcare services nearby or plan to make a mixed group (adults and children).

-Consider mixed age groups to represent family networks and mixed gender if at all possible. All male groups can be very beneficial working around trust issues particularly as persecution is often from men.

-Refugees are not all the same. Each one is unique. Individual refugees do not necessarily like other refugees. Even among refugees there is racism, intolerance and prejudice. It can lead to problematic dynamics if this fact is ignored.

-Privacy is very important to some clients in the initial phase. Also, be aware that individual sessions may suit some clients better and gender specific groups may be better suited for some clients.

-In our experience, simple massage and relaxation exercises, dancing and working with fabrics and colours (haptic elements) works very well with women's groups. In men's groups, painting and storytelling were the preferred forms of expression.

PROVIDE A SPACE WHERE PARTICIPANTS CAN FEEL SAFE

-It can be important to provide a space for people to express around their journeys to seek asylum, those left behind or experiences of torture or persecution, however it can be felt as a big risk for the individual to disclose these, share with others and trust them (including the therapist) or make real their experiences of persecution. This can be because they have learnt to contain the experience in their own mind although it is impacting negatively on their mental wellbeing them to do this. It is important that whilst awaiting decision that not too much focus is put on the experiences of persecution and more focus is put on being able to cope with being in the moment and relaxing their mind. This part of their journey is mostly around creating a sense of safety and consistency as this is somewhat lacking in their lives. However, if granted status then this becomes the most appropriate time to work with the past experiences of their journey to seek asylum or persecution once they have become more settled.

-If possible, provide the sessions in a neutral creative space not far away from where the beneficiaries live for ease of access. However, for people in asylum block accommodation, the support of travel to reach sessions is important and shows to the beneficiaries that the accommodation provider has a regard of care for their mental wellbeing needs.

-If possible, choose a place that is already familiar to the client, or be prepared to pick them up and drop them off for a long period of time.

-It is crucial that the key agencies and the Arts Therapist work closely to make sure that the therapeutic space is considered and safe for participants and staff. This may include preparing for circumstances such as childcare needs, travel support and on-going support outside of the therapy sessions for example, social or asylum support.

TIMING IS OF THE ESSENCE

-When preparing the timing of the sessions, take into consideration that late morning maybe preferred by some cultures and afternoons can be difficult due to childcare concerns.

-Allow for late arrivals to the sessions. Some clients may like a reminder beforehand. Also, allow for clients needing to leave early due to family constraints.

-On the other hand, be flexible with timing but be careful not to be detrimental to those who are punctual.

-Always make it extremely clear when the next meeting will take place to avoid as best as possible non-attendance.



-Ensure a good rhythm of sessions. Try not to allow too much space between two sessions, therefore once or twice per week is ideal and will help with continuity.

-It can take considerable time establishing a closed group due to issues around trust, instability of legal status, impact of other hierarchical needs such as solicitor visits, government signing, etc. Therefore, a 12-week initial assessment programme followed by 26-52 sessions of focused therapy is a beneficial approach that I recommend. This works best alongside an on-going assessment space of an informal drop-in brief intervention model such as specific drop-in sessions with larger agencies. Referrals can be made through this to the longer-term programme as spaces become available.

BE PROACTIVE IN YOUR COMMUNICATION DURING DELIVERY

-Communicate with all members of the group before each session to remember the time and place of the sessions. To help facilitate this, you can create a group on a social network or send an individual message to each of them.

-Bring a portable sound system that can be connected to smartphones. Ask the refugees if they want to share the music they listen to on their smartphones. It can be the soundtrack while drawing and everyone in turn can share the music of their own country.

-Be sure that everyone understands your indications. If you are not able to speak in other languages, try to communicate through symbols and expression and find help between the other members of the group and leave enough time for translations, ensuring that everyone has understood the message correctly.



-Insecure participants in particular want clear and strong structures. Find the balance between directive and non-directive work.

-Use a pre-existing artistic form (narrative, image, theatre piece, etc.) that will facilitate the participants' imagination to get active.

-Plan sessions that do not have a verbal focus and there may be multiple languages and symbolic understanding. Allow sessions to incorporate visual/creative methods to enable all participants are able to engage.

-At the start, work a lot with pictures and picture cards (Cope maps, Dixit) in order to express oneself by choosing a map is relatively harmless.

-Bring small musical instruments to start the meeting with a time of making music together and dancing. It overcomes language barriers and builds the group.



-The use of different languages, both verbal and non-verbal languages is an important factor to support the communication among the group.

Semertera workshop, Italy



ENSURE CONFIDENTIALITY DURING DELIVERY

-It is important that the storage of the artworks produced by participants are stored in a confidential and secure way. Therapists may need to take folders away for security.

VALORISE AND EXPLORE THE TRADITIONS AND KNOWLEDGE OF PARTICIPANTS

-Create moments to share traditional music and dance, to take advantage of the 'interculturality' of your group, and the participants will feel valorised their traditions and knowledge.

-Encourage within the creative process the intercultural exchanges and encounters, namely by using music, songs, spoken languages.

-If you are working with the refugee and migrant community, plan with them a special meeting where everyone will bring food from their own country. Ask participants if they would like to share images of their country. Images can be shown to the group and explained by the owner, so that everyone can learn more about each country represented in the group.

TAKE TIME TO BUILD THE GROUP

-It is important to allow each of the participants to be simultaneously in an individual creative process and to be a part of a group (as of an "imaginary society"). We highlight two important ingredients to this process

- 1) The group acting as a support to the individual creative processes and
- 2) the construction of a collective piece in collective creative process.

-Consider providing individual therapy and working towards bringing several clients together into group therapy. This can be particularly helpful for people who have experienced significant and humiliating experiences of torture or other forms of abuse and where trust of others is significantly impinged upon.

-Consider carefully placing people who have had significant torture, FGM or other highly sensitive experiences of persecution together in groups where their experiences may be similar in context. This can lead to very positive peer support within the groups.

-Consider the number of people engaged in the group and what will work best for your art therapy. Groups work best when there is a minimum of four and a maximum of six individuals for a closed group in Art Therapy.

-A general creative activity group supported by creative mentors and therapist can act as beneficial open access ways for self-referral and informal contact with and assessment by therapist. To work alongside a formal closed group therapy offer which referral can be made into.

-Attention to relationships and meaningful work are a necessary basis to show refugees that their human dignity is recognised. With refugees who have been uprooted and who have suffered traumatic experiences as well as forced inactivity, it is necessary to create a basis of trust so that they become interested in and desire therapy. One-time offers are not enough. Individual sessions are often necessary for a certain period of time before people are ready to take part in group therapy.

DON'T BE AFRAID BECAUSE YOU DON'T SPEAK THE LANGUAGES OF PARTICIPANTS

-Even if you do not understand all the languages of the group, be sure that everyone understands your indications, however do not think that if you cannot communicate in other languages, this will hinder the process. If you are not able to speak in other languages, try to find help between the other members of the group and leave enough time for translations, ensuring that everyone has understood the message correctly.

Semertera



workshop, Italy



-Have a software to hand such as Google Translate in case of need but understand that 100% accuracy is not guaranteed, therefore learn how to use it effectively prior to the sessions.

FIRST IDENTIFY THE NEED FOR INTERPRETER SUPPORT DURING THERAPY

-Identify if there is a need for Interpreter input for assessments and agree with the key referring agency who will provide this support. Assess the level of language input by Interpreters and Translators when assessing clients and be sure of reason for any engagement of Interpreters during the session. Train Interpreters for support in psychological therapy context using creative medium if need be to ensure safety of the session for all involved. Provide debrief for Interpreters to be sure that they do not take on the client's needs and to limit the potential impact from the content of the session on their own mental health.

BE PREPARED FOR ALL EVENTUALITIES

-You cannot count on certain participation or a well-timed cancellation. Preparation is good, but it is always going to be different from what was planned! Even if Plan B does not work, the alphabet has a lot more letters!

-Be prepared for fluctuation in numbers at times and need for follow up with beneficiaries to understand situations where beneficiaries do not attend. This may not be because of the therapy space not being good enough but could be a number of social or other issues impacting on their engagement. Work with the key agency to overcome these issues and understand them and adapt the programme if needed. Do not be worried about closing a group, reviewing and reopening through adapted approach.

-It is important to understand beneficiary absence in the context of it being an articulation of experiences of loss – something that asylum seekers and refugees live with through their journey in exile.

BE CLEAR AND TRANSPARENT

-Be clear and transparent with participants and referral agencies about Arts Therapist engagement and overseeing of the programme, and the level of commitment expected by both for the programme to flow and evolve for the benefit of the beneficiaries. Do not try to hide the psychological focus of the sessions as beneficiaries in my experience find it reassuring to know they are working with a mental health professional. Yet be mindful that culturally refugees accessing therapy may consider working with a therapist is taboo with significant social stigma, so co-production and culturally sensitive approaches are important, as are humanistic approaches that allow for exploring the positive as well as challenges within mental health and recovery. Being real and enabling laughter and social connection is important.

-Offering psychoeducation especially at the beginning of a course, but also during the sessions and before each new step is helpful and should be carried out in more detail than usual. Psychoeducation refers to the process of providing education and information to those seeking or receiving mental health services. The goal is to help people better understand (and become accustomed to living with) mental health conditions and is considered to be an essential aspect of all therapy programs. The reasons and the desired effect of various methods or exercises should be carefully explained before they are to be carried out in practice (control, safety, and understanding).

WORK WITH MATERIAL BROUGHT IN BY PARTICIPANTS

-Planning is good but in reality in therapy with people of such vulnerable accommodation and legal circumstance, it is best to work with material brought in by the participants on the day. Asylum seekers and refugees often experience a sense of being out of control of lives and this may be the reality when seeking asylum or awaiting the outcome of an asylum decision. Therefore, I have found that working with whatever distress they bring on the day is most helpful and providing a safe space for them to process this is most important. Themes such as connection in the group, grounding in the space, exploring identity and belonging, sharing cultural identity and accepting uncertainty living in the moment are important to explore.

LET PARTICIPANTS MAKE DECISIONS ABOUT THE THERAPEUTIC PROCESS

-Making concrete suggestions to your participants is very important, but also let them decide for themselves what is important to them. Out of courtesy, many will do what you suggest and then never come back again. A selection of topics and possible activities will make it clear that you will not lose face when they express their wishes and make it easier for them to make their own suggestions.

-Provide an empowerment based model with beneficiaries so that they can make decisions about the therapeutic process. Be aware to plan interventions which best support mental wellbeing but do not be scared to take calculated risks and try new approaches out.

3. EVALUATION OF THERAPY PROCESS AND OUTCOMES

USE A CREATIVE PROCESS TO ASSESS PSYCHOLOGICAL NEEDS

-Have brief programmes for initial assessment as a group and individual assessments if possible prior to starting in an assessment group. Following initial assessment use simple and visually based wellbeing assessment tools to understand the context psychologically in which the beneficiaries are coming into the session for example, different types of weather for how they are feeling in the few days prior to the session.

-At the beginning, middle and end of the programme offer visually focused wellbeing check prompts to understand progress of the individual HOWEVER be aware that mental wellbeing can often be sensed as getting more challenging in therapy before improving- just like a physical wound responds for example to medication or treatment.

-Be sure to make session based observation notes by therapist and co-facilitators to ensure that the holistic picture of the person's journey through therapy is understood and work with key support agencies or individuals involved in the person's care in order to better be informed of this.

WORK IN A MULTI-PROFESSIONAL/ MULTI-AGENCY APPROACH

-Working in a multi-professional and multi-agency approach will ensure that the evaluation and understanding of progress is gathered from all people involved in the person's care and is supported also through the journey. This can be challenging for people seeking asylum or refugees who may not have family or support links around them. So it may be relevant to ensure that the therapists works alongside a social support worker in the project to allow for another person to be engaged with the beneficiaries care, or with the referring agency social /pastoral support worker or housing office for example. For example at SOLA ARTS there is a Social Worker to take on such needs, or SOLA ARTS works with other key referral agencies such as British Red Cross Case Worker or Home Office Housing Provider SERCO Intensive Support Coordinator to ensure on-going support for wider needs of the beneficiary.

-Ensure continuous dialogue and maintain permanent dialogue with the "referent" or other key staff from the partner organisation in order to discuss the therapeutic journey of the participants during and at the end of the process.

-Employ qualified and registered Arts Therapists-trained individuals and specialists with non-verbal mental health interventions and wellbeing support.

INFORM MEDICAL AND LEGAL STAFF WORKING WITH PARTICIPANTS

-Always notify the person's Doctor that they are in therapy. This can have impact on asylum claim evidencing and documentation. Where relevant notify Solicitors of people seeking asylum that they are in therapy in order to be able to provide evidencing of mental health needs are relevant to asylum claim- however ensure remaining objective in such circumstance.

CARRY OUT AN INITIAL ASSESSMENT QUESTIONNAIRE WITH PARTICIPANTS

-For a programme of a closed group formal nature an initial assessment questionnaire should be undertaken between client and therapist and this should be reviewed at mid and end stage of the intervention where possible, and where relevant within Interpreter support. It is important the beneficiaries are able to inform these types of assessment tools in co-production and have opportunity to complete a formal Personal Reflection Evaluation Questionnaire that they are given to keep at the end of the programme.

-Carry out interviews with the participants in order to evaluate their needs, expectations, the issues they face in their every-day life and the possibility to work on it in the frame of the therapy sessions, along with interviews at the end of the therapy in order to evaluate the results.

ENCOURAGE REGULAR ATTENDANCE THROUGH CERTIFICATION OF SKILLS

-In my experience working with participants from refugee and migrant communities, providing a certification recognising a participation certificate to encourage regular attendance.

ENSURE CONSTANT SUPERVISION AND INTERVISION FOR THE THERAPISTS INVOLVED.

-We suggest a weekly "intervision" for the therapists involved in the sessions with migrants, where everyone can share thoughts, reflections, emotions and watch together visual material from the sessions.

ENCOURAGE REGULAR FEEDBACK

-Ask the participants for regular feedback. Allow participants enough time to complete and return evaluations during the process. One suggestion would be to allow participants to take away and return the evaluations following session/week. Also, be aware that documentation for client evaluation may need to be translated for understanding. Prepare cards with smileys or use face cards and drawings for more complex feedback.

-Theatre Therapy: Six Keys of Assessment (Pendzik 2003) (description in the appendix).

SET TARGET INDICATORS

-Establish indicators during the evaluation process to keep track of and monitor the progress. Some possible evaluation indicators for participants from migrant or refugee background can include attendance to the therapy sessions; personal implication in the process; interaction with other participants; interaction with a wider society; desire to pursue other creative or other collective activities.

4. DOCUMENTATION OF THE THERAPY PROCESS AND OUTCOMES

KNOW THE LEGAL CONTEXT THAT WILL IMPACT ON YOUR WORK

-Be aware of upcoming legislation that you will need to know how it will impact on your current therapy delivery both positive and negative sense. Be prepared by understanding such changes and how you can still work within systems after changes have taken place.

-Abide by your professional body regulations.

-Any digital image recording of artwork should be stored according to country Data Protection Law and the same with any other personal informal or completed referral forms etc.

ENSURE CONFIDENTIALITY AND ANONYMITY FOR PARTICIPANTS WORK

-All artwork should be stored confidentially ideally in the venue where the therapy is held- key stakeholders can support this to happen.

-In my experience, all documentation should be negotiated to be kept by the therapist until the end of the therapy programme. However, in informal open groups this may change and people may choose to take some work away with them.

AVOID OVERLOADING PARTICIPANTS WITH TOO MANY FORMS TO COMPLETE

-Try to simplify documents needed to be completed by participants. When asking for participant signatures and personal details, explain to them first why it is needed for the purposes of the programme to avoid fear, doubt and ultimately refusal.

AVOID OVERLOADING PARTICIPANTS WITH TOO MANY FORMS TO COMPLETE

-Think carefully about the design of the documents and templates to help deliver and document the therapeutic process. Incorporate a method that works for you as the Therapist and/or facilitator that will help support the process without overcomplicating the information that is needed by you to document the process of the participants' therapeutic journey.

-Encourage plain language in written communications.

DOCUMENT THE EXPERIENCE BUT ALWAYS ASK PERMISSION

-Because of the unstable situation of people seeking asylum it may become beneficial for individuals to have digital records of their work that they choose to take particularly in terms of work that has provided a positive emotional experience in the group or session. Discuss with the group about the beneficiaries being able to take images of such work on their mobile phones for their own reference. This is particularly important as asylum seekers can be re-dispersed without warning to another part of the country, can be detained or even deported without the therapist's knowledge and so not have choice to make about what happens to the physical artwork they have produced.

- Ask the permission for the use of video camera during the session. It allows documentation but also the group can watch the video at the end of the session. The video becomes a restitution tool.

- A transmedia form of documentation has proven beneficial: History and photos. Photos of participant's creations and hands and feet were relatively unproblematic. Shots of faces or the whole person were rejected.







Case studies from the Arts Therapists of CREATE

This section presents 6 case studies produced by the Arts Therapists of the project who have worked with groups of refugee, asylum seeker and migrant people in the UK, Italy, Germany, France and Ireland over a period of 6-9 months. Each case study is different in style, structure and content highlighting the co-production which has been a key approach within CREATE and shaped the therapeutic process in each country. The case studies share information and reflections about the process and the positive impact of therapy practices on the participants from refugee, asylum seeker and migrant communities.

A starting point



Our response to the Create therapy pilot for Arts Therapies with refugees involved myself, SOLA ARTS Senior Art Psychotherapist specialist in working with refugee and minority communities and Joe Rennie,

a Creative Mentor experienced in co-facilitation with me of informal Art Therapy programmes. Together we brought an understanding of how the arts and therapy interventions can act as tools to empower, recognize, validate and positively nurture the individual and social group.

We brought an established understanding of the positive impact that Art Therapy can have for people seeking asylum and refugees through our work at SOLA over the years, however wanted to explore more about the potential of co-production with participants from a transcultural dynamic.

Our experience prior to Create is that mental wellbeing can be a taboo and stigmatized for many different individuals and communities. So, we believe it is essential to consider if cultural and religious perspectives of mental health and wellbeing impact on access, engagement and the ability to process through the therapy journey.



August 2017-January 2018

SOLA ARTS United Kingdom case study

*Reflections on Art Therapy
with Refugees*

in Liverpool, England:

*The presence of absence
and finding a safe space
in mind*

A. Spiers and J. Rennie

We were not concerned about people engaging in an Art Therapy programme once referred, in our experience and the therapy approach, we have historically taken time to offer platforms for engagement with the therapist for example through informal group activity with an Art Therapist present, informal assessment groups and formal referrals for closed individual or group interventions.

We are always intrigued however by the potential opportunities created when working in new environments and with key partners in order to engage and offer Art therapy support. We know that without strong collaboration with partners people aren't able to access or be aware of our offer. We therefore wanted to understand better working dynamics with key providers in the region and to explore new environments and methodologies of working with larger refugee focused agencies.

SOLA ARTS has historically worked with local community groups and NHS services rather than large refugee charity institutions or government agencies. The Create project provided us an opportunity to understand new ways of collaborating for the benefit of people most in need.

We brought knowledge and understanding of differing and wide-ranging cultures, religions and needs of refugees as well as a desire to explore and engage with imaginative processes for mental wellbeing. We knew it was vital to begin with an open mind, humility and a desire to connect. The participants brought their experiences, emotions, humanity, resilience, ability, openness and desire to heal, whilst partners brought their logistical and social support for participants, including referral routes into therapy.

Embarking on this journey in a spirit of collaboration, negotiation and participation, we created pathways for psychological growth.

Two narratives

The following narratives illustrate two different therapy contexts within the Create project and highlight the therapeutic dialogues that took place with participants.

The first narrative contains case study material from a group working with the British Red Cross Liverpool. This Open Art Therapy Group formed part of a support Drop-In which ran in the Everton area of Liverpool.

The programme ran fortnightly for 6 weeks and then weekly for a further 6 sessions. It was co-facilitated by myself Art Psychotherapist and Joe, Creative Writer. We shared the space with British Red Cross staff and volunteers who simultaneously provided social support in the back part of the room.

In the second narrative, the case study explores a closed Art Therapy group at SOLA ARTS in Toxteth. This group was set up with support from SERCO (Home Office contracted provider of accommodation for asylum seekers). The group met weekly for 8 sessions. It was facilitated by myself and supported by SERCO Intensive Support Coordinator for referrals, on-going client care and enabling transport to sessions. Co-production with therapy group members and prior consultation with partners was crucial to the ethical approach of these interventions.

Refugee dispersal and Liverpool as a multicultural city

Liverpool has a recognisable black and minority ethnic population which includes people who are asylum seekers and refugees, although this is still in the minority with 15.2% of the population in 2012¹. Liverpool is a port city with a long history of migration in and out of the region, as well as being significantly active historically in the slave trade and its eventual abolition, and the city and its residents have a strong political and voiced identity, sense of community, culture and commitment to human rights.

Liverpool is one of only 6 Home Office dispersal areas for people seeking asylum in the UK. The population is in the region of 469,700² of whom 3152 people seeking asylum in 2013 were placed in initial accommodation centres, whilst awaiting outcome of a claim for asylum.

Many people who have been granted legal status to remain in the UK have remained resident in Liverpool and contribute towards the overall BME population.

This creates a highly transient refugee and migrant population and since 1998 the region has provided a diversity of statutory and community services holding expertise in supporting people who identify as being from a refugee background. Amongst these SOLA ARTS was set up in 2004 and has become the lead refugee arts organisation in the region and a pioneer in providing an integrated programme of arts engagement, Art Psychotherapy and social development support for refugees and BME in the region. SOLA ARTS is currently the only focused service specializing in PTSD and Art Therapy interventions primarily for refugees.

Toxteth and Everton are the top 10% most deprived areas of the UK, with significant parts of these and surrounding wards being of the top 1% most deprived areas of the UK³.

Note:
All names have been changed to maintain anonymity.
Countries have been maintained and languages or cultural identity.

1. MacPherson, P (Dr), *People Seeking Asylum and Refugees in Liverpool- Needs Assessment*, Liverpool City Council, 2014.

2. Kalmanowitz, D and Lloyd, B, *The Portable Studio: Art Therapy and Political Conflict, Initiatives in Former Yugoslavia and KwaZulu-Natal, South Africa*, Health Education Authority (Great Britain), 1997.

3. Liverpool City Council, *The Index of Multiple Deprivation, A Liverpool analysis*, 2015.

Narrative 1

British Red Cross Drop-In ; Everton-Liverpool-UK

August-December 2017

I was first introduced to more radical concepts of how Art Therapy can be provided in challenging environments and informal contexts when my husband and I perchance met Art Therapist Debra Kalmanowitz in 1997 on Lantau island, Hong Kong province. We were all a little lost and chose to help each other navigate the landscape. The resulting conversations during this walkabout introduced me to her work with Bobby Lloyd on The Portable Studio⁴. This metaphorical space where Art Therapy processing is held in mind by therapist in challenging social environments and of holding providing a malleable approach to Art Therapy became the basis for work in the Everton Drop-In.

I will refer to people engaged in this programme as participants, as the participants could drop in or out whenever they chose with no formal referral or pre-assessment process. Individuals coming to the process participated through electing their interest in connecting with others in a creative way rather than being in a formal therapy programme.

Working with Joe Rennie we began our journey through navigating ways to have a clear frame in which people could safely come in and out of this processing experience as they needed on the day.

Everton is the second and newest of 2 Drop-Ins run by the Red Cross in the city. Due to this and the size of the room (see images below) people who came to the drop-in for social support were often the same as those accessing therapeutic support, which at times created a splitting of the individual's attention and capacity to focus on either support. Simultaneously this also provided ease of access to therapeutic engagement at times when the individual was emotionally vulnerable.

This was our first time working in such a fluid and open approach. Therapy was brief providing for many one-off experiences yet with more regular engagement by 4 participants. Given the nature of the setting, it was not possible to predict attendance or indeed if participants would remain through a whole session due to other needs of support from Red Cross team in the space. We became aware very early on that this complex and fragile dynamic was something we would constantly need to work with in order find balance and a safe space for psychological processing. We realized that co-production with participants was fundamental to understanding and negotiating this scenario and be guided by participant's need for emotional containment and the types of activities they prepared to engage with or offer for this.

The programme began during the August school holidays and finished in January the following year, starting and finishing by working with families and adults, whilst working solely with adults in between.

The room itself was within a community space run by Everton Football club called The People's Hub. It was a welcoming environment and we planned use of the space with the Red Cross team. Art therapy activity happened in a space framed by a circular settee as you enter the Drop-In room. The back of the room was used by the Red Cross to provide social support. There was a small separate room for 1:1 assessments which was utilized in the initial four sessions.

Through this programme we recognised that the intervention provided access to brief therapy, an ongoing space for assessment into formal programmes and safe environment to be with difficult emotions. We observed the significance of how this opportunity provided a grounding for and connectedness by participants.

The themes of the group were very much informed by participant needs and we considered what had been brought up in one session as an anchor into the next. However, this often required adaptation, as session by session what participants brought into the process changed according to their needs and whether they had attended the session before. It was important that the therapeutic dialogue was flexible to this.

As facilitators, we acknowledged that our biggest offerings were to provide choice, control, validation of ability, mental relaxation and the opportunity for participants to use psychosocial approaches to coping and healing by having capacity and opportunity for self-agency and social healing.

We were aware from the beginning that we worked as a female/male partnership and what participants would receive and explore through this supportive unit metaphoric of cultural norms of parenting models or family members. For some participants, we were much younger and brought memories of children not with them, for others we represented parents, family or siblings they had lost contact with or were displaced from. Our dual role provided opportunity to work with and through these varying experiences of separation and loss,, which we found informed key themes in the therapeutic process; loss of self- identity/ social identity/cultural connection/belonging and place/social status/capacity/self-value/choice/control/security and loss of a safe space in the mind.

We had a wonderful, supporting and empathetic team of Red Cross staff and volunteers. We negotiated, explored and understood the journey together. Although the complex set up brought challenges, we agreed that this dual approach, having a shared space where people could both access social or practical needs as well as psychological support provided a holistic space for individual. The following narrative explores this programme in more detail.

A case review from a writer's perspective

by Joe Rennie, Creative
Writer and Co-Facilitator

First meeting

As a writer, I have never been afraid of words on a page but words out in the wild are unpredictable, they make me nervous.

He sat on the circle sofas and because I was the first one there I decided that

I had hidden behind the tea urn for long enough. Mustering all my confidence

I walked over to him and shook his hand and introduced myself. I told him who

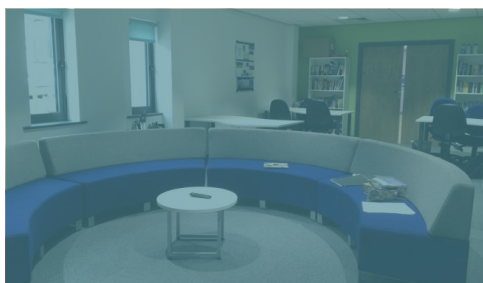
I was and what we did using all the words my university education had afforded me to endorse the project.

He gave me a look like I had just parked my space ship in a disabled space. "Karim only speaks a little English, he speaks Kurdish Sorani. I can get you Language Line later" said a man who worked for the Red Cross. I fell back on the universal language of pointing and making gestures to ask Karim if he would like a cup of tea. Then the therapist who I was working with entered, rescuing me from my misery.

At the Red Cross they use something called Language Line to communicate, it is a

phone service that links with an Interpreter. The therapist used this to talk to the man. It was a strange experience for me if I am being honest and I felt out of place during the conversation.

It's a slow process using an Interpreter. There is something unnatural about the way these conversations happen. It's a presentation formally measured with every word considered.



It lacks that spontaneity that really helps to fire through first meetings. I don't think Karim saw it that way, to him it was a life line. Karim was asked about his back and if he was in pain, he said yes and I offered him a better chair. I like to think that it was this small gesture that helped him to open up just that little bit more. Karim showed us a video, there were loud

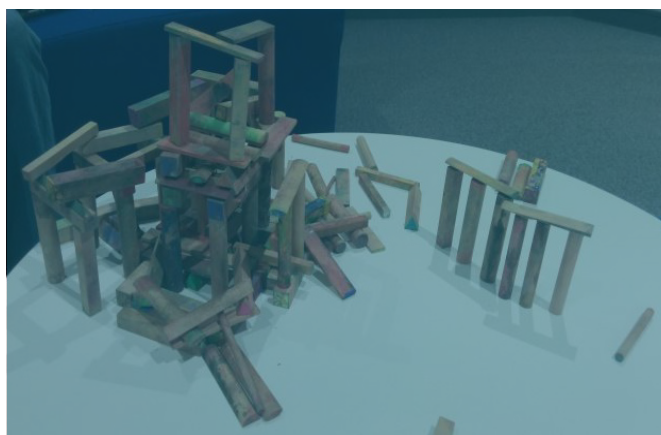
noises, shouting and the sound of wind with roaring screams just audible over the crashing waves. A large black rubber boat low in the water filled with family's clinging to each other in a huddle of orange life jackets. Karim pointed to his back and then to himself. There was a deep sadness in his eyes that needed no further interpretation.

At this point I should provide some context on not only what we were doing in the space but also on how this written case review will be structured. The review will consist of narrative snapshot of events through which I seek to highlight key reflections and discoveries from my time in this Art Therapy focused programme. The snapshots are based on key people and events that took place as part of a collaborative project with the Liverpool Red Cross at their refugee drop-in in Everton. My engagement was centred on mental health and was supported by myself a Creative Writer and Adele Spiers an Art Psychotherapist.

The first official session

The first session was during the summer school holidays and several families brought their children including one man who brought his daughter. She was around five years old and had that infectious vitality for life that young children seem to. The therapist left the room to offer a mental health assessment with another participant and a young couple from El Salvador come into the space. They were seeking advice about a letter they had just received saying their young son had been granted UK status. The couple were pleased but also a little worried because they were still waiting for their own leave to remain to be granted. The kind faced man from the Red Cross tried to reassure them that this was very normal and if they were a little more patient they would likely also be granted status. I could see they feared being separated from their son.

There was this powerful sense in the room of people waiting to exist, lives placed on hold as they waited for the UK government to cast a ruling. It could take years, it could take months. The couple said they couldn't stay and this left myself and four other people together, all men apart



this and it seemed so strange to be leaping from that extreme to placing wooden blocks on a table.

from the young girl. She spoke fluent English like her father who had worked as a diplomat in his home country. I was trying my best not to isolate the people who spoke less English, instead I used gestures and simplified language as we did an activity brought by the therapist.

I have to admit I had some reservations about this 'game'. It was very simple and involved placing coloured printing blocks on the table one at a time. It had been described like a game but to me games are something you can win or lose and this was something more in the realm of a shared building experience. I placed my first block on the table, then the next person placed theirs. The only rule was that each person placed one block at a time. I felt a little stupid doing this and I picked up on a sort of shared confusion as to what the purpose of the activity was, the truth was that no one seemed to know. After we had been around the table several times we created a structure that looked like this.

I wondered what the man who had shown us the video of his journey on the rubber dingy was making of

I felt naked without the armour of my words and wondered was this how it felt to Karim everyday in a strange county surrounded by things he did not quite understand and stripped of all but the most basic blocks of communication. I could only imagine how isolating that would be. The thing about communication though is that if the need is great enough we find a way, be it a video, google translate or something completely different. For me and the group that day communication took the form of a shanty town of risk taking towers and blocks resting on precarious pillars. If you look closely at that picture though (above image) you will see inside the walls safe open spaces.

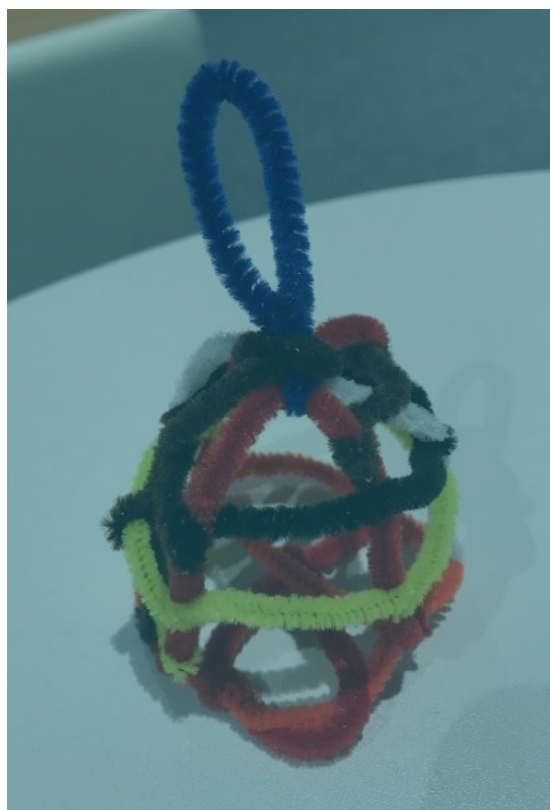
Over the next month we worked with the group using a number of creative ways to communicate. We shaped punctuation out of softened wax and added them to the building block activity. We made exclamation marks to show excitement and risked question marks for intrigue and enquiry.

The group dynamics were constantly changing and evolving. As new members came and

left it was difficult to maintain consistency. The main challenge with working with a group of this nature is to get people to commit to coming regularly, however Karim the man who had showed me the video continued to come. His English was getting much stronger now and he seemed to be carrying himself with much more confidence. It was clear though through working with him that Karim was haunted by the memory of his family's harrowing journey to England first by a flimsy inflatable boat then a lorry in sub-zero conditions. There must have been so many times when he wondered if they were all going to survive. I was clear he needed longer term therapy and my co-facilitator the Art Therapist suggested to him to join a separate closed group she would be running.

At first to me, it looked like boredom, Karim moving the closed scissors over his hand then his clicking them over the edge of his nail reminded me of the sort of things kids do when they are not engaged at school. Then with the same careless absent mindedness he opened them wide and pinched a huge chunk of his skin between the two blades making it bulge like clay. The therapist had been aware of what he was doing way before me. I had never seen anyone try and hurt

themselves in this way before. She asked him to give her the scissors and he did. She placed an elastic band on her wrist and mimicked the action of flicking it, "Safer yeah, safer" she said then handed it to him. He flicked it till his arm was red. Then he twisted it tight around his wrist discolouring his hand I trusted in the therapist's experience but I have never seen anyone trying to hurt themselves in this way. I didn't only feel his pain, I wanted to take it from him, to tell him he mattered and that his pain was my pain but all I could do was watch. I was grateful that the Art Therapist was there that day with me.



The next week I was apprehensive about meeting Karim again. An older couple who attended also spoke Kurdish and where able to express that they were sharing their own personal struggle. I think maybe it helped him to listen to different story rather than relive his own, because I saw that after he lead the making by being the first member of the group to pick up the pipe cleaners and slowly work them creating his representation to the give of a safe space in his mind (see image to the left).

The last time I saw this Kurdish man Karim was at a food sharing event we held for the closing of the group. He came with his wife who had cooked dolma and his young son was there and they were all smiling. I was relaxed and it didn't seem to matter that we couldn't speak in the same language. He had his son on his knee, Karim was feeding him the dolma and you could see the love this man had for his family. I am not the sort of person that believes in neat happy endings and there is no drought in my mind that there will be times when those difficult memories come back to haunt him once more, but I like to think that because of the longer-term support he has now and the time with the group in Everton that he will be resilient and find his inner strength through these challenges.

After thoughts

I wanted this case review to reflect my own personal emotional journey in this pilot. It is not intended to be an academic writing but rather honest and heartfelt. However, I do feel it calls into attention a number of facets that would be beneficial to consider when working with this demographic. It is important to give a group like this breathing room to allow space for it to evolve, this means you must be flexible in your approach and adapt to the needs of the participants. For me this meant using simple language and other forms of communication such as google translate, language line and the building blocks. You have to trust that the needs of the people you are working with to communicate are the same if not greater than your own.

Also, it is good to be aware that it's not the grand gestures that form and strengthen relationships but seemingly small things like offering someone a higher chair because there back is hurting. It is these moments that build trust and these moments are born through empathy and understanding. It is why this kind of co-facilitation works well,

by providing someone who sees things in a different way to a therapist's perception.

It was through our combined insights and evaluations of these that we formed and developed the sessions to be in keeping with the changing needs of the group. I have a good understanding of mental health yet running a group such as this without a therapist in co-facilitation could have patently been very dangerous, as was highlighted to me by the Kurdish man and attempted self-harm. This pairing of our skills was not only beneficial but vital to the safe running of the group.

As a result, we identified that this model worked best for brief therapy intervention and as an on-going assessment opportunity through which people in need of formal longer-term support could initially develop trust with the Art Therapist in order to be able to explore being referred into a closed group run by the same therapist. This was particularly important as we understand that beneficiaries experienced a significant lack of trust in people in positions of professional or perceived authoritative roles due to experiences of persecution often by such people in the home countries. So, it was important to breakdown this barrier and foster an initial positive relationship with therapist.

Narrative 2

Closed Group with SERCO; Toxteth-Liverpool-UK
by Adele Spiers, Art Psychotherapist (Edited by Elizabeth Rene)

September 2017- January 2018

This group was established with commitment and support from SERCO. The key contact was an Intensive Support Coordinator who identified people with significant PTSD symptoms living in SERCO accommodation. Residents can be housed in their large accommodation centres within the city for periods ranging from 21 days to many months if particularly vulnerable, or are dispersed within the community in longer-term accommodation whilst awaiting outcome of asylum claims. We also agreed to work with people not receiving other forms of psychological therapies yet under the SERCO worker care.

Due to the transient nature of their clients, we agreed to work with people recognized as being vulnerable who had been housed in centres for more than a few months and had ongoing asylum claims. We also agreed to work with people not receiving other forms of psychological therapies yet under the SERCO worker care.

Of the seven people referred, five attended initially and another person was referred through the British Red Cross open group. All referrals were male and the intervention ran for 2 hours a week.

The group initially comprised of people Iran, Afghanistan, Sri Lanka, Mauritius, Albania and Iraq comprising of Kurdish Kurmanji and Sorani, Farsi, French, English, Pashto and Sinhala speakers. Ages ranged from 18 to 62 and most men were living in the same shared block accommodation, with significant physical and mental health problems including heart failure, self-harm, physical disabilities, recurrent daily epileptic seizures, head injury and high levels of psychiatric medication.

All men were in the early stages of seeking asylum and unsure of their future, some had been living as homeless in the UK whereas others had only been in the country for a few number of weeks. One man had been human trafficked for modern day slavery and several had experienced war and torture. All feared their lives if returned to their home country except one man who longed to return yet could not due to health reasons. Most participants were transported from their accommodation centre to SOLA ARTS by the SERCO worker.

Therapeutic approach

Intention

My aim was to provide a safe space through which the group could find an improved sense of self and belonging, experience a sharing of nurture and care, find a safe space in mind and enhance coping mechanisms for enduring Post Traumatic Stress Disorder.

I choose to include any outcomes, themes and resulting conclusions in the main text of this narrative rather than identifying these at the end. I do this consciously because I feel that the themes revealed themes and evolved throughout the process and so prefer to identify them as such throughout the revealing of the therapeutic experience.

I aim to reflect what was stated to me by the people in the therapy group and my own perceptions and contemplation on the symbolic communication in the therapeutic process.

It was important from the beginning to recognise the vulnerability of participants whilst also validating their resilience. It was important to provide opportunity to explore and acknowledge this capacity to cope whilst witness and express a range of emotions.

We worked predominantly through a non-verbal making approach, particularly as three participants had limited English and there was no one-shared language. Session activity was co-produced with clients in order for the men to have an ownership and control of their healing or coping and so co-production became an important element. However, initially and towards the end they asked me to provide a directive approach, which I wonder may have been communication of their initial and later need to have a considered frame for their psychological and emotional processing.

It was important to explore a range of materials and making and to use hands as much as possible in order to sense self through touch and connection within the physical space. Some

members of the group had come from working backgrounds of physical or labouring work using their hands in a productive way and intrinsically linked to their self-identity and self-validity.

From the first session, we worked with materials that can be messy and through this it was communicated that physical and emotional mess could be tolerated, accepted and worked with in the group. As sessions progressed, it became significant as to recognise and work through the presence of loss of self, identity, cultural connection, value, control and emotional integration. I observed this through various presentations of emasculation and much of the work by the group was focused on self-identification and ego strength, finding and holding onto positive attachment and integrate this in their internal emotional world.

It became significant as the sessions progressed to recognise and work through the presence of loss of self, identity, cultural connection, value, control and emotional integration.

I observed this through various presentations of emasculation. So much of the work in the group was focused on self-identification and ego strength, to hold positive attachment and integrate this in their internal emotional world. SOLA ARTS project base and therapy

Finding trust in the space, establishing roots

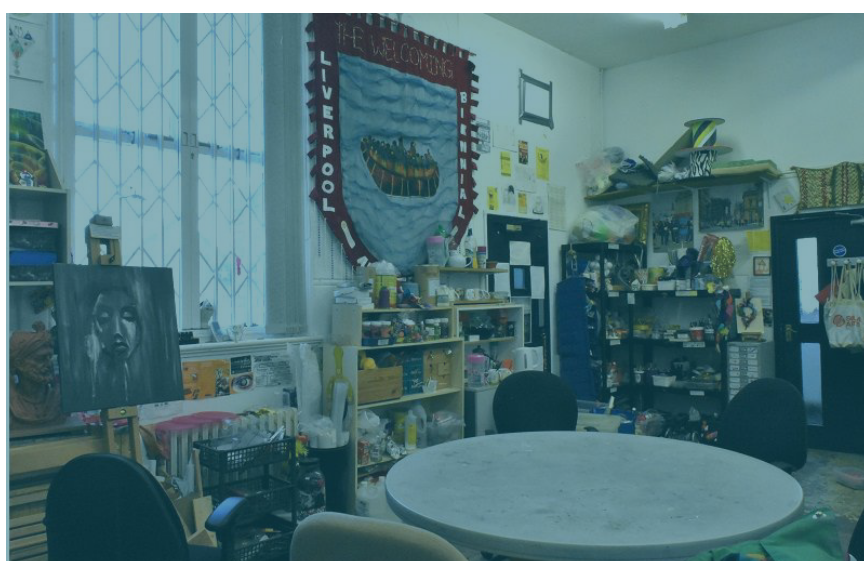
The first session was intense. As people arrived, they brought uncertainty of what they were getting involved in and I felt a strong sense of anticipation, expectation, self-protection and apprehension amongst the group. The men seemed happy to see me again following a prior

initial assessment meeting. The men took their places around the round table and we stopped for a few minutes to take in this new situation and environment. They sat at these same positions at the table for the remainder of sessions.

It was their first time coming to SOLA ARTS, coming together in a new context, working with me and creatively exploring and working with their emotions. I wondered what this meant and what I was representing to the men in this first contact. What had they invested by coming and who was I as a starting point with this for them?

I often begin the therapeutic journey or reconnect with clients using some printing blocks donated to the project some years ago. Like everything in this room and in the therapeutic journey everything has its purpose and meaning and the printing blocks have found theirs as a building activity. Each holds a story covered somewhat by ink colours and they are small enough to control but big enough to not fall over easily. I knew that building with them together would not create permanent structures but could offer potential for communication and connection. Simultaneously I was mindful of the mirroring of the men's volatile personal circumstance in the temperance of the structures we would build yet the ability to work with the blocks in future sessions to find ways to rebuild stronger each time and my communication through this to the men about resilience and use of the process.

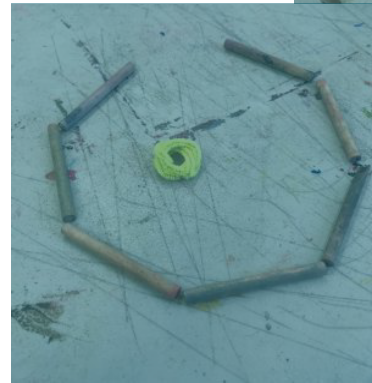
I also offered different coloured pipe cleaners that could represent ourselves within or around the spaces we may create. Through spoken and gesture based communication I proposed we respond to





(Leka
[1])

(Adele
[1])



(Allan
[2])



(Taher
[1])



being together at the table and so we built and our shared journey began...

The group settled into the image making, silent and knowing early on that words would not suffice. The youngest man found keeping to his own pieces very challenging and he began to take from the others. They tolerated him until eventually the oldest man took on a firm position setting out boundaries and protected his own pieces by putting his hands around them. This was our first moment of understanding of the need for mutual respect, privacy, care and consideration in the space.

Allan found the making powerful. He created a large swastika spreading out taking up the space between him and others (Allan [1]). This image shocked some of the other members. He said he wanted the swastika to be as big as he felt his pain and fears, that it represented ISIS as the fascists against his community in his country. No one else was able to discuss this piece but everyone's eyes stayed with it for a while until Allan gestured to his second piece (Allan [2]) acting out a defence to protect himself and everyone else in the group. His fear was very present and this seemed a

spilling of his trauma that for long he had told me in assessment he was holding in, as well as a clear representation of his need for safe holding emotionally and actual safety in his legal status. I felt he had spoken not only for himself but had connected with other in the room, articulating their shared need for safety and shared fears.

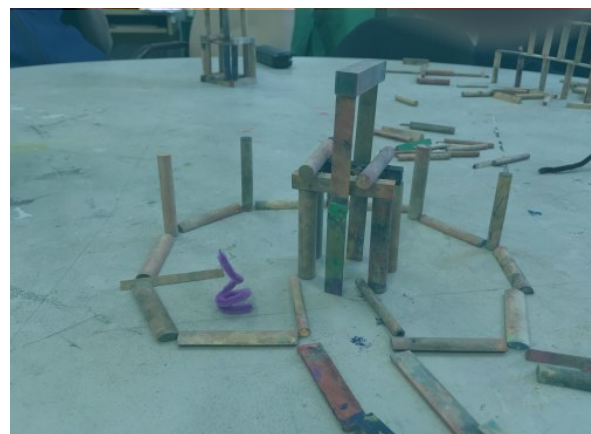
I wondered silently if he also wanted to me protect him from what he experienced as his unbearable dangerous pain.

Leka often found the making process difficult and his short abrupt piece (Leka [1])

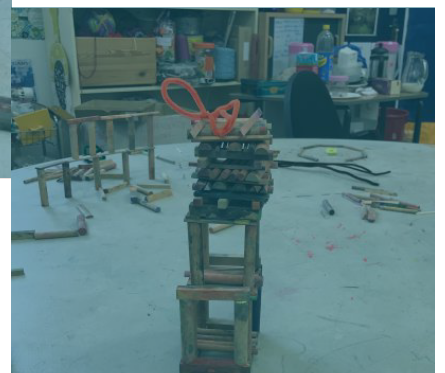
I felt gave a signal that he was unsure of trusting the process,

himself and the group. Taher in comparison invading other people's boundaries throughout the sessions so far, using and swapping with everyone's pieces.

The others tolerated him initially but eventually Tharindu stated his boundary feeling his personal space invaded. I considered these objects as spaces through which the men could put and articulate feelings and the significance of Tharindu protecting this. I offered Taher some of my pieces and he shared with Bhaka eventually building what he stated was a "fortress" which he put himself in (Taher [1]). Yet his fortress seemed to shout out his need to be held strongly by the group, which I sensed was perhaps being articulated by the action of taking the pieces from others in the group in order to build his strong structure 'with them' yet was in contrast to his attack on



(Tharindu
[1])



(Bhaka
[1])



(Allan [1])

the other members through this. Eventually in the session Taher was able to begin to recognize the need for personal boundaries. I wondered about Taher's past capacity to be with others and how he understood the interaction of sharing.

Tharindu was the next to present his piece to the group (Tharindu [1]). He spoke giggling often as if unconfident and when giving his thoughts and feelings. He said he had created a courtyard accessible by a path and inside was a safe building like a temple, like coming into the therapy room and arriving at the table finding the blocks which had become precious requiring protection. Tharindu put columns up around his space and I wondered out loud if these were to protect the safe space he had created from the rest of the group. He laughed and explained that he was the purple shape inside the courtyard. Tharindu would work with a spiritual theme throughout future sessions.

Bhaka made slowly and quietly. He observed the others in their response to Taher yet was able to accept Taher's behaviour. I observed that Bhaka took self-value from helping others. He described his piece (Bhaka [1]) as his tree house where he could escape and be in peace. He said he needed to be there today and felt

safe inside as the orange shape having a vantage point being on the top if the structure looking out at everyone. Watching everyone. I wondered how much of this a need



to understand the group and how much was a representation of his and others in the group's hyper-vigilance.

Sometimes in session I make work too. In this first contact, I felt it was important to begin the co-production and to join in making. I made a representation of the table and the opening towards the group to invite them in, I noted this to the group and myself as the yellow shape (Adele [1]).



We then had a break for a warm drink and a biscuit whilst the men used the iPad to take images to give their pieces a permanence, as though recognizing and holding onto their presence in the space.

Presence of absence- a need to be present

After the break, I suggested we worked with the different languages and identities in the group and make moulds of our names. This would partly help to connect whilst also continue with the theme that had arisen of a tangible presence and need to recognize themselves in the space whilst also using their hands to connect with different senses to see how the men responded at this point to working with mess. Again, I made alongside the group firstly to show the making process whilst not provoking their vigilance and fear I would be observing or judging them, I wanted the men to understand that I was not intending to mirror their experiences of past abuser or oppressor.

Allowing the sculpting of plastercine to bring the most familiar of words without speaking. This allowed the group to see each other literally and their pieces were so big I felt the men wanted take space and to clearly be seen by me.

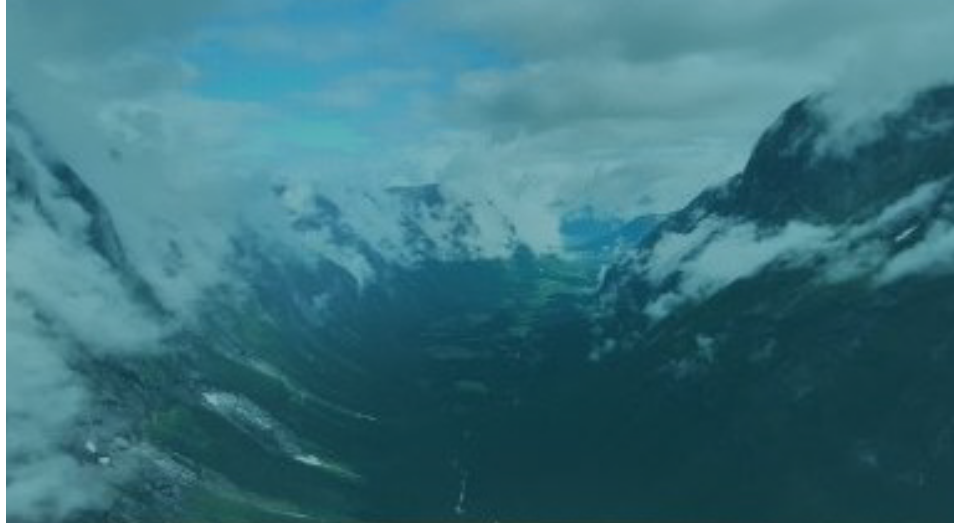
Then we made the plaster moulds and they shared the mess, their mess and the messy challenges within the group. It felt as though the men were processing their internal mess through this and I recognized to the group how I sensed this process has brought up difficult emotions which needed understanding and organising.

Disclosure and witnessing

Only three members could attend the second session. There was a strong sense of absence in the space brought by two members not attending and by the fight the three members brought to be present, often having flashbacks or zoning out. Taher didn't come and I wondered about his need to go

into the strong fortress last week and if he had needed to be there today away from the group. Taher did not return to the programme.

First, music was chosen on YouTube and Thirindu selected a video slideshow of relaxation music and serene mountainous landscapes (*Tharindu [2]*), as we had done last session. This provided a focus and fantasy space for Tharindu to absorb himself into. The music filled the space and soothed the atmosphere. I also brought some essential oils to the table, as in the previous session; lavender, lemongrass, eucalyptus, orange, tea tree and peppermint. A mixture of smells to stimulate, relax and heal. Again, the men explored the scents and chose which to put on the radiator. This choosing bonded them, prompted familial memories and gave a control over the space. They chose lemongrass, lavender and tea tree oil.



(Tharindu
[2])

I recall feeling lost at times, not fully understanding how to navigating the session and I sensed this as transference from the group feeling lost within themselves and without the other members. I wondered about this being a mirroring of the absence of family, friends, cultural connection, status and control.

We started by creating our own image of what emotion we had brought to the space. These were placed in the centre of the table in a pile (see *top left of Allan [4]* below). I brought out a range of materials and the men chose to revisit this familiar material. I suggested we use them to 'find' each other within the space and placed the emotions in the centre of the table as our starting points from which to build.

Because of difficulties with verbal language between us, I chose from this point onwards to trust the space, connection with the art materials, the process and the witnessing between us as shared language.

Tharindu found it really difficult to engage initially. He explored the many facets of the room and found his eyes on the sign language alphabet displayed on the wall. He began a narrative around wanting to learn the signs and I offered him a sign language book that he spent half the session exploring in between looking at the video.

Leka sat for a significant amount of time, phased at it was simply enough for him to be in the space. The amount of energy he seemed to be needing for this felt exhausting and we sat with this occasionally Leka looking up at me searching for acknowledgement and grounding. Eventually Leka began using the blocks to create a pathway towards himself, a complex path from the pile of emotions in the centre towards himself, ending with an arch way through which he said he put 'things' found in the therapy space. I wondered aloud about the metaphor of 'finding' something in the therapy session today that he needed.

It was time to stop for a warm drink. Everyone helped out and then as we drank Tharindu shared how in his country a close friend was deaf. Remembering was a painful yet necessary process of and Tharindu spoke of wondering about the person as he couldn't maintain contact with them. He had made real the absences present in the session.

Allan made throughout the session using the blocks and also adding found objects from in the room. Allan did not engage with the others until eventually he stopped and it was a noticeable end to his making. As with last session, Allan images were laden with emotion and articulation of his experiences of persecution. (*Allan [3]*) showed a person being hung with another person below which he described 'watching, dead'. He moved the 'dead' one and put it at the entrance to a corridor he had made towards the centre pile of our emotion images. Then he pointed to (*Allan [4]*), the 'prison' as he called it and fought to voice in English that this was his hell and he was inside.



(Allan
[4])



(Allan
[3])

(Leka
[2])



He stared strongly into my eyes, as he would then on often do trying to be seen and to read me. Today I felt through this he needed to have his pain known and witnessed, to have it shared, held and understood. The negative and desperate emotional intensity of these images felt a necessary attack on the calmness that music and oils had created in the space. Allan needed me and the group to understand his pain through this projection into the space and I held in mind his considered non-life threatening self-harm and

the similarity of attacking his safe space in order to release the psychological torment he lives with.

The female in the space and the emasculated sense of self

Throughout my work with men in therapy, the experience of an emasculated self has been present for those men. I sense this very strongly, particularly with males who have experienced torture, persecution and have made great efforts to find safety yet lost control through the asylum system. I am aware of my

relationship within this is a strong female and the need to work on these dynamics in the therapeutic relationship in order to source positive self-regard and for these individuals to have an integrated ego strength through which they can establish find self-pride and a positive identity.

As a female therapist, I consider who I am for the client(s); mother, partner, sibling, fantasy, nurturer, oppressor, sexual object, balance, transitional love object, safe space, magician, their internal feminine personality, 'other' etc. I am also aware of having a strong masculine personality that is present alongside my female self in the therapeutic relationship.

In this session, Bhaka created a series of images one of which enabled him to begin processing and articulating who I represented for him that day.

Bhaka had been absent the week before. Waiting for a heart transplant often made him physically and emotionally exhausted and particularly depressed. Yet he readily directed this session, claiming the process, and suggested to the group to simply be and use materials to make whatever was in their thoughts or their feelings. Everyone agreed.

Leka sat and made an image of his home country coloured in a methodical manner in darkened and thick sections. He took his time and this was enough for him to do.

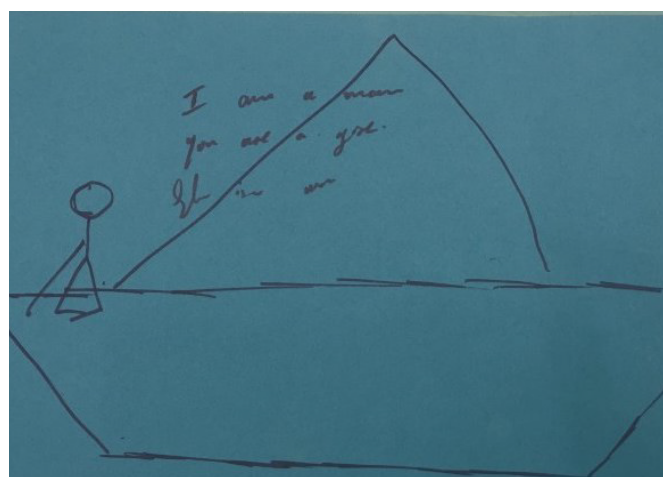
The others made work about their feelings, including Tharindu who drew a Buddha and threw it away afterwards, not feeling he deserved to keep it not good enough for Buddha. I felt he was processing not feeling good enough to experiment and psychologically not good enough to hold this. I thought about emasculation and self-value to a divine spirit, an authority figure (perhaps myself?) and not feeling good enough to be present in the space or to present himself emotionally to me. I wondered

if didn't feel he could trust the divine, the therapy, to hold his emotions. I encouraged him to consider keeping his work need session.

During this, Bhaka was quiet and made several images resulting in (Bhaka [2] and Bhaka [3]). This first images were about somewhere in mind that he feels he can go into a fantasy world when he's not feeling go, somewhere in his home country and he is not alone, it's warm and the trees feel the wind.

Then Bhaka began making the second image of on a boat. He began to write a poem which reminded me of teenage love note

(Bhaka[2])



(Bhaka [3])

'I am a man, you are a girl...' with the last line hardly intelligible as if not wanting me to see it. It was here I recognised Bhaka taking on his nurturing role in the group alongside me in past sessions and his need to join and partner with me. I thought about the sense of emasculation and I wondered if I was the reflection of this for him and if so the join his journey was a way to rebalance his self, to be his 'other half' and act as his (transitional) love object. I don't believe this was a conscious revealing however the tangibility and clarity of the articulation of the need to feel loved and considered, to balance through my presence as a female then opened up possibility to explore

this within the group. I sensed permission had as a result been given to the group to bring this dynamic into the space more as I noticed in following sessions how much this then became a theme of our work together. By processing in this way Bhaka had given the group and himself a gift. He gave a gift

Belonging

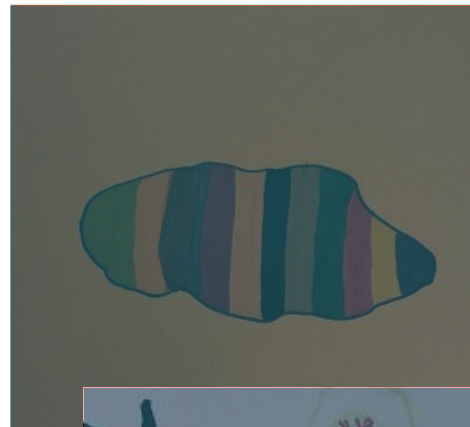
of recognize their individual and group neediness to be emotionally held and nurtured. We worked through this for the men to reintegrate their own positive love object, strengthen their egos and find a balance within their emotional world.

I offered a translation of the word 'belonging' to the group at the start of the next session, even though they could choose something else to do or respond to.

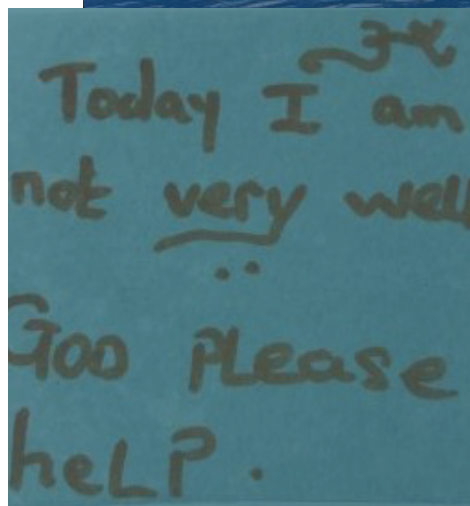
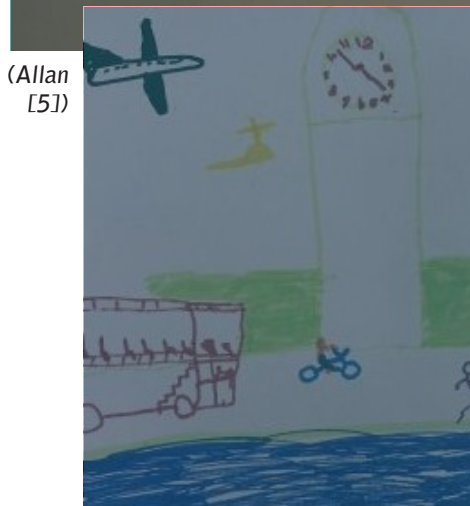
In response, Leka again created an outline of his country, but today the image was bigger, bolder and brighter. He also made a second image of a person on the reverse but quickly turned the page back not wanting to look at who ever the person was. I noticed he made effort to speak more today in English and smiled several times as well as looking directly at me and I felt he was starting to find a sense of self through the group.

Tharindu made another Buddha image and again threw it away. This time however others in the group made comment about him throwing the image away and expressed concern for him. Tharindu was more engrossed in the image making which had become sophisticated and detailed and again I recognized this transference through the throwing away as his feeling dismissed and unsettled. Later, Tharindu spoke about his fear of being returned to his home country and again being tortured. Whilst Tharindu was verbalizing his distress Bhaka to produce his image below (Bhaka [4]), one of several pleas would produce about being 'saved'. I felt an intense projection of his need to be saved onto me yet his inability to say those words in case I could not realise this for him, save him.

(Leka
[3])



(Allan
[5])



(Bhaka
[4])



Allan then made two images one of London (Allan [5]) and one of Liverpool which he said were "safe and happy, not Iraq". Allan was in his late twenties and walked using a stick. He had gunshot shrapnel in his legs and had experienced a head injury. His psychological trauma led him to self-harmed on a very regular basis. Like the other men, Allan's need for safety was real and here it was, clear and simple; London and Liverpool are safe, Iraq is not.

After this session, the Intensive Support Coordinator from SERCO commented that Allan has begun smiling after sessions and he was more engaged with other staff in his accommodation centre now during the week.

A safe space in mind

Being aware of the evolving dynamics in the group and that this was post mid-way in the programme I felt it important to bring self-resilience as a focus. I was mindful of the identification of me as a nurturer and whilst the importance of working with the men's ability as a group and individually to have their own resilience and positive self-identification for this. There was a danger that the men would lose their capacity for resilience whilst identifying me as their nurturer, thus past half way in the project I began to work on enabling a positive ending and a sense of safety within themselves. I wondered aloud about them finding a safe space in mind. Everyone agreed this would be

a good theme to work with and proceeded to find containers and objects through which they could create and as a result internalize this safe space.

I noted to the group that we had 3 sessions left after this one.

Tharindu requested the relaxation music video on YouTube. The group chose essential oils for the radiator as in previous weeks and then video Tharindu saw in the video an image of a tall waterfall and decided he needed to find a waterfall online to print and colour. He said it was a representation of Lord Buddha on earth, where he could find peace and relaxation. Tharindu spoke of going to one particular waterfall in his home country when he needed a focus for mediation and

mental balance. We spent some time using the internet to find a picture he liked and he began to colour it in (Tharindu [3]).

I felt him drift into relaxation and meditation through this process. He stayed with the image and didn't throw it away. This time he chose to keep his representation of Lord Buddha safe for the next session. The other members told him how colourful and beautiful the waterfall was becoming, I thought to myself the significance of their recognition of him in a positive way and his spiritual and cultural connection also.

After Tharindu had open up possibility of using the computer others members readily taken to this option. As though they needed something else from outside of the room, something external to articulate better. I wondered if looking outside of the space for answers, for emotional expression was a way of processing working towards ending of the group and looking outside of therapy for vehicles to process. However, I also understood that the of my support to navigate the computer and had my physical closeness and focused attention for this, with our backs to the other during this process. I decided to only minimally spend time showing each man the computer skills needed to search,

trusted their capacity to learn and offered

each person independence to explore and identify the image they wanted to use whilst I sat

the wider group at the table.

Allan was next to want to use the computer. Allan first chose a picture of a horse with a love rose in its mouth. Then chose to represent himself as a gentle wolf in need of love, attention and affection in (Allan [6]). He coloured the rose in the horse image and showed it to me. I felt he was offering the rose to me and wondered who he had loved and lost that was also in his thoughts. It is common that men seeking asylum may not have female contact for many months if not years and can project onto a female therapist the intensity of the emotional exchange as a love object.

This transference made sense and I knew it was something to that we could work with in the therapeutic relationship. The second image (Allan [6]) seemed to also want to connect directly to me, offering an open door but not letting the wolves in, which seemed to replicate my providing therapy and simultaneously it being inaccessible by ending. I wondered about this image and identification with a wild yet loving wolf that had in need of care and love yet with a (second wolf) watching eye.



I knew it was me as the women kneeling down as he had asked me to find a pastel the same colour of my hair and used it in the image, as well as choosing the same colour as my top and trousers. In the image the wolves were on the outside not within the building, my 'internal space' and that I was the object creating this separation. There was a sadness in Allan's eyes when he showed me the image and I sensed a strong transference of his neediness for my nurturing yet waiting and caution, just like the wolf giving his paw in a trusting way whilst the other wolf watches and waits. I thought about how he was feeling challenged working with the ending of therapy.

Allan said that (Allan [8]) was the Intensive Support Coordinator and I understood him again to be the wolf being cared for and loved. They were more closely linked and it brought to my mind that she would be seeing him more often and supporting him after therapy had ended in the coming weeks. Allan folded these images up and carefully put them in his safe space which was a tall tin he had found that he added some of the same snowmen characters he has used in previous sessions

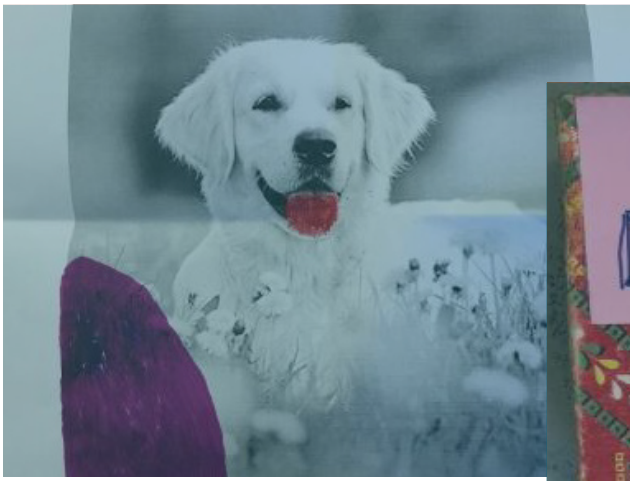
alongside a few random 'things' he found in the room. Bhaka then added his safe space container on the top to keep Allan's container closed (Allan and Bhaka [1]). I wondered if this was care or dominance by Bhaka, acting out the second of the two dogs in the first image, the dog that watches on and waits for his turn.

Leka was the next to use the computer. He quickly coloured his image before putting it into his safe space container. The word 'donations' on the container made me wonder if Leka knew this word and if it was an articulation of his sense of value or if he simply found the first object he came to and that was it, nothing more. He told me he loved dogs and he reminded me that I had mentioned having a dog and had shown them a picture of my dog. I wondered if Leka too was articulating wanting to be looked after, nurtured and taken care of within the therapeutic relationship. Leka smiled a lot during this session and the idea of bringing my dog, he comes to therapy groups, came to mind. Bhaka made many images by hand of his home country and his fantasy of being at peace. He chose unlike the others not to use the computer. He took objects from the room and them with his images in a small safe container that he decorated on the outside and inside. He took great care and pride with this safe space, small enough to keep in his pocket but big enough to fit many things in from the therapy space (Bhaka [5]). I found his choice to not use the compute unlike the others set him as different within the space. He sourced from within himself.

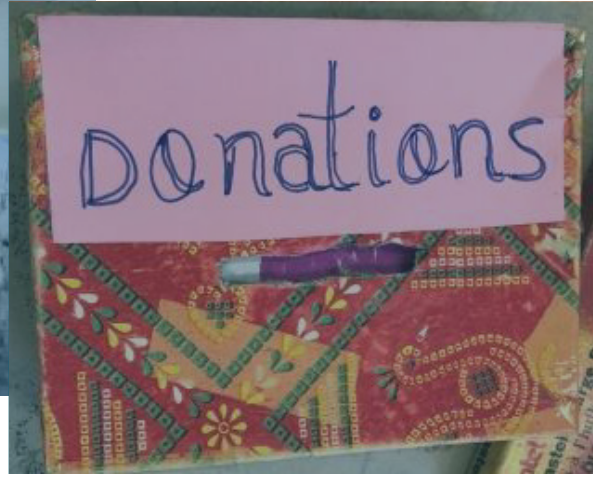
(Allan
[8])



(Allan
[7])



(Leka
[4])



(Leka
[5])

Karim had been attending for some sessions now but he found engaging in making a challenge. Finding the venue was enough for him to cope for the first few visits. He would sit and look around the room, find picture or language books to explore or watch the other members whilst he struggled to stay awake. This was the first session Karim was able to make. He was still attending the Red Cross open group from where he had been referred and in which the week before we had also worked on the theme of a safe space in mind. I was conscious that Karim found English very difficult and so felt that bringing a familiar theme to this group may offer Karim a safe enough starting point to process through making. This proved a positive opportunity and Karim's wisdom of the process led him to be the first to start making and be creatively focused.

Karim is a father and husband. The first thing he showed me during initial assessment was of the sinking dingy that he and his family and many other people were squashed into as he and another man get into the water to swim and pull the failing vessel across the sea. He told me how he walked with his family across Europe, before reaching the UK in a lorry that his youngest child nearly suffocated in. All of this to

reach what he thought to would be a safe and permanent place through which his efforts would save his family. And they were still waiting to know about their future, two years on from initially claiming asylum. However, in this session Karim made his safe space, knowing his focus and purpose in the group. He put found objects from the room on his box and gave it a handle so he could carry it with him (Karim [1]).

I was mindful that in the Red Cross group the week before, the piece Karim had made was open like a build cage with a fragility to its holding space. But this session he made a strong container and sealed the top shut, I sensed however in this session he had somehow found himself.

A culture of healing

I knew that Allan self-harmed regularly as a way to cope with his physical and psychological pain. The scars laced his arms from elbow to wrist. This had been his main coping for distress and kept one fingernail long to scratch himself with.

In initial assessment Allan had bared his arms as if to show me his distress, wearing a shirt and jeans. However, up to this point in group he had kept his arms covered. This session was different. Allan seemed in physical pain not moving his arm much and wincing when he did. I asked if he had hurt his arm and he readily pulled up his sleeve and showed me a weeping wound. I acknowledged the wound and went and to the tea tree oil he was familiar with and offered it to him. Allan noted it as similar to dettol and dabbed it on the wound.

Then I offered him a big strong aloe vera plant leaf from one of our many growing plants. It is at this point that the group began to connect. They had seen the wound and felt unsettled but bringing the aloe vera leaf brought a connection to their own cultural use of the plant and potentially to add to their own and Allan's need for healing through the group. Everyone in the group had a familiarity with the plant and began to support Allan in using it as he was not familiar with it. Bhaka and Thirandu narrated stories of their childhood and using aloe vera to help care for their skin and physical health. Karim was intrigued by the plant and

then released that he too knew its qualities and put some on his skin. Now everyone was connected. I offered that we could make our own plant together, resulting in the piece below which felt a projection of strength, nurturing and held a strong sense of taking space.

Allan was able to use the plastercine once it has become warm and everyone including myself added to this shared image. Many of the pieces were symbolic of phallic objects projecting upwards and solid. I wondered about the group's initial sense of emasculation that they brought and this now strong projection of their masculine identity in comparison. Allan's piece was the opposite and made two sets of mirrored hearts, each with one heart crossed. One of Allan's heart

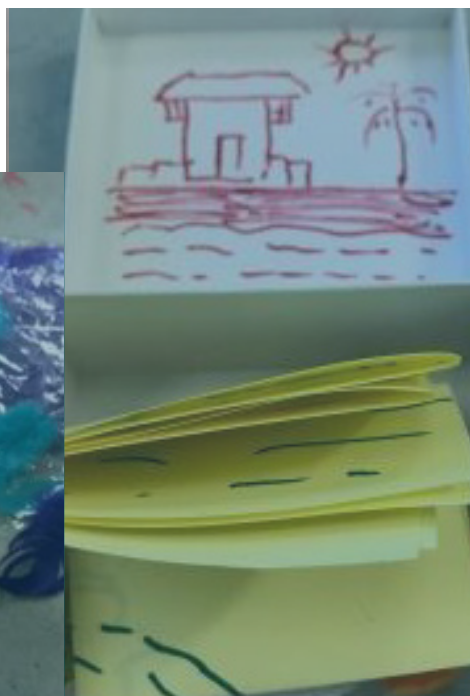
sets kept falling down and we each took turns to keep it strong and upright. My piece resembled open arms holding the space yet we filled the circle together, symbolic of how we had used the table to connect.

I sensed a very positive shift in the group and an honesty of the need to work together to heal. Allan offered a gift to the group by presenting his vulnerability and the group chose to nurture themselves, their egos and each other in response. I offered to bring my dog into the next session and everyone agreed that was a good idea.

A reciprocated unconditional love

I took my dog who I often take to therapy groups. He offers a great opportunity to have a separate transitional love object in the room and literally brings out the capacity to sense positive regard and love. Mindful of the love hormone Oxytocin that is stimulated when we looking into the eyes of a dog [5] I wondered how the men would experience the session as a result of Zuki's

(Karim [1])



(Bhaka [5])

presence. All the men attended eager to meet Zuki, give and receive his affection.

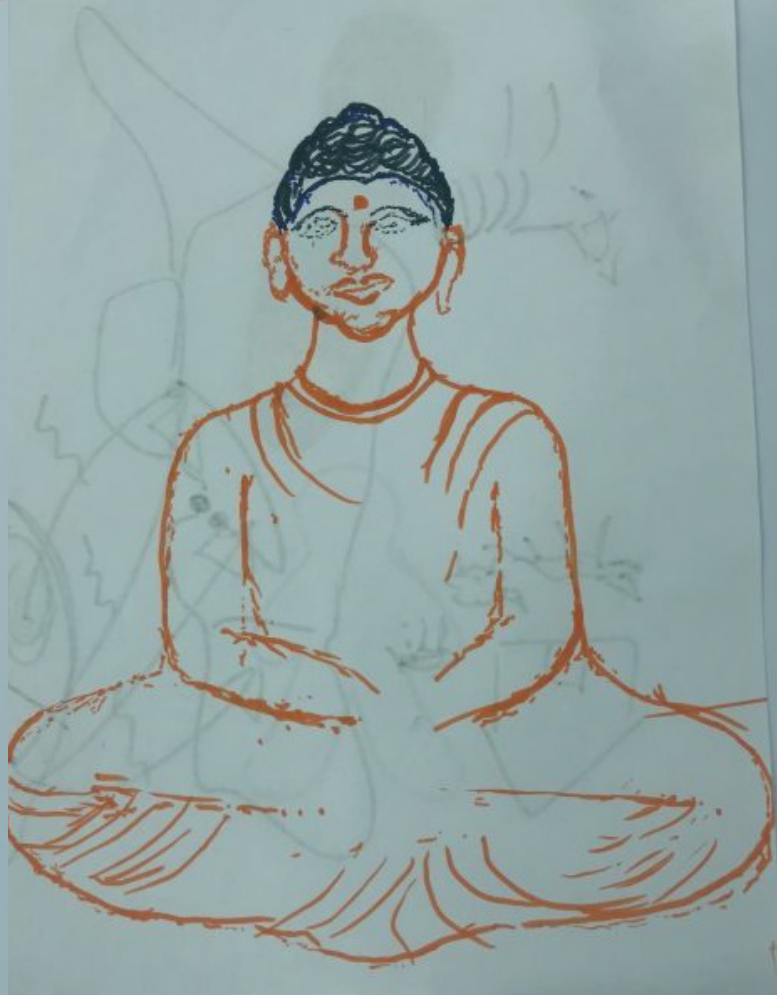
Zuki spent time with everyone in the group and eventually settled with Bhaka and Allan. The men's beaming smiles were noticeable. Each told a story of liking dogs or one's they had owned. They also spoke about how dogs can be treated badly and the need to pay attention and care to them as vulnerable beings, I sensed the mirroring of their own vulnerabilities within these narratives. This bonded the group and reconnected with their identity and sense of belonging.

Zuki is male and he becomes my therapy partner when in the space with me. I wondered if the opportunity for the men to project their love towards Zuki would help the men to identify with a transitional love object symbolic of but not directly myself. I wondered if this could provide a positive opportunity for individuation from the therapy experience and myself as a focus of holding of their emotions. I felt the group were working with this positive experience of

love through Zuki and were able to experience positive emotions in the space. Upon leaving the session this could support the men to recognise their capacity to feel happiness and so to strengthen their resilience after therapy ends.

Everyone used the space to process with materials and the images were very different to previous sessions.

Bhaka spent time creating large image of himself with notable detail around his groin. He was pleading through his words to be saved in contrast to finding acceptance of fate (Bhaka [6]). Leka drew himself next to the recurring image of his country (Leka [6]). This time I wondered about the map floating above him and the connection he had come to explore of identity whilst also the separateness of himself and the country as two individual objects that existed in the image still. Karim spent time exploring language and finding a sense of identity and ability through this.



Que sera sera.
What ever
happens happens.

one life.
Be good

Mistake happens

Mistake is human.

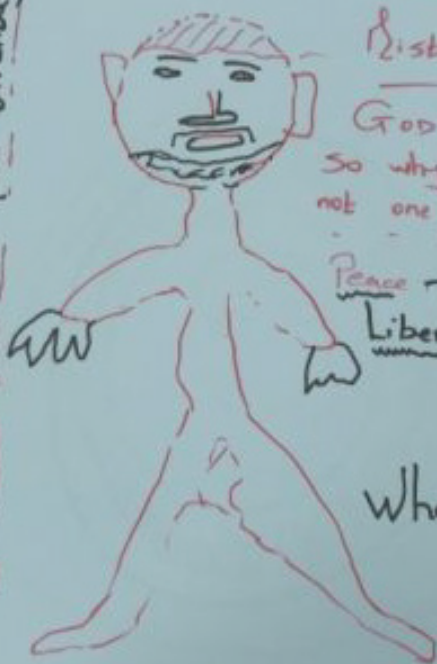
God is one.

So why everyone is
not one.

Peace - Justice and
Liberty.

What will be
will be

Don't think when you are born
you start living.
believe you start dying.
don't celebrate your birthday.
I so

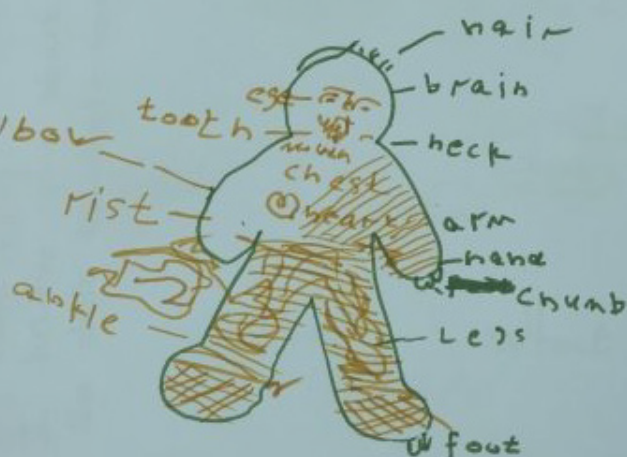


Humanity is

Honesty is best policy.

I need a heart transplant.
But I need a Donor. OH God please help

Where is my?
Where is your?



wrist
elbow

tooth
ankle
mouth
chest
heart
eye

Tharindu, for the first time drew a Lord Buddha image and chose to keep it in the space at the end of the session. He took pride in making it, carefully and almost in a shield of privacy. This time he experienced being good enough to keep the image.

Ending

Leka had overslept and didn't come. I later found out that in fact he had begun reconnecting with friends in recent weeks after feeling more energised and confident he had that week begun to socialise more. He had even begun showing new residents around his accommodation block. These were significant changes and although his avoidance of the ending session was clear I felt he has come to place of strength that provided him with his own closure of the process. Having his last session meeting Zuki enabled Leka to finish therapy in a positive emotional state.

The men revisited their work from previous sessions. Allan and Karim chose to continue with pieces to find closure through 'completion and self-affirmation'

of their work. Allan continued to express his need to be nurtured and I understood his vulnerability as he was about to find himself homeless having failed his asylum claim and having the ending of therapy the same week. His choice of paper saying 'I love you' and his self-image made him very present in the space and I his need for me to answer his request to be his love object and care for his needs through the therapeutic relationship.

Tharindu and Bhaka chose to make new pieces that expressed where they had found themselves through the process. Bhaka took to writing several pages like mantras expressing his need for positivity, to make real peace and safety in his life (Bhaka [7]). He finished with a writing symbolic of his journey of nurture, care and the therapeutic relationship with myself which had been so present for him (Bhaka [8]).

Tharindu took time again to create an image of Lord Buddha, this time even more sophisticated and beautifully crafted (Tharindu [5]). In this final session, he revealed his abilities and acceptance of

this, no longer judging or doubting himself so much. The image, and Tharindu through this, was recognized and praised by the others. I felt he had finally trusted the group to show his capacity to find balance within himself. I have observed this revealing or disclose in final therapy sessions in various forms and the one that I felt was being acted out by Tharindu today was having built up over the programme to finally take the risk to trust the group and the process because previously he has been fearful of rejection but now in the final session he took a leap of faith and opportunity to be present with us. He took this last image with him, taking his ability to share culture, religion, identity and the most precious to him being his spiritual soul.

At the end of the session I offered the opportunity to take art materials away. No one took up the offer. They choose to take some of their work and I felt they had chosen to leave the processing space with me. I felt this was an important defence mechanism to give the men capacity to cope without the group and with the next stage they were about to face in their journey for safety and stability.

I considered the complexity of what we had explored, shared and experienced together and understood how difficult it would have been to find a way to do the same alone.



(Karim
[3])



(Allan
[9])

After thoughts

The journey that we had as a group was significant and I came to understand in detail the impact that seeking asylum, the experiences of loss and absence, as well as the need for positive and appropriate therapeutic nurturing had on their sense of self and resilience to cope with mental distress and an uncertain living condition. Themes that emerged throughout the therapeutic process included trust, belonging, identity, emasculation, the feminine, disclosure, group healing, finding a safe space in mind, which guided our therapeutic reflections.

Themes that emerged throughout the therapeutic process such as trust, belonging, identity, emasculation, the feminine, disclosure, group healing, finding a safe space in mind and those mentioned in the narrative above guided our therapeutic reflections.

The therapeutic process was entwined within transcultural experiences both social and individual, whilst the individual's past experiences and their now

lived PTSD were shared and understood amongst the group often without the need for words. The image making, the group dynamics and our trust in each other were sufficient, becoming our communication and grounding.

At the end of the programme, I offered the opportunity to take art materials away. No one took up the offer. Whilst the men choose to take some of their work and I recognised they had chosen to leave with me their processing space from within their journey. I felt this was an important coping mechanism for the men to hold capacity without the group and with the next stage they were about to face in their journey for safety and stability.

I considered the complexity of what we had explored, shared and experienced together and understood how difficult it would have been to find a way to do the same alone.

There is no doubt that understanding the experiences of seeking asylum had a great impact on working with this group to provide opportunity through a

'no need to explain' dynamic. In fact, at the end of the last session I worked with the SERCO Intensive Support Coordinator and Allan to find a way to enable him to continue under SERCO support for accommodation and address a potential situation of homelessness and his need to explore options to avoid deportation to the country of his persecution. My knowledge of the asylum process combined with my understanding of his mental health needs greatly impacted on his ability to have continued housing and Home Office support over the following winter months and vitally to have his claim for asylum reviewed on mental health grounds.

I observed that having an understanding of the various cultural backgrounds and experiences of the individuals in the group, a desire to share this as a group whilst holding their sense of individuality enabled a foundation to connect and work together.

I feel privileged to have worked with this group of men and in collaboration to support their psychological processing. Through this, my professional development and the learning within the Create project expanded, resulting in our ability to share this for the benefit of other people seeking asylum and refugees across Europe.

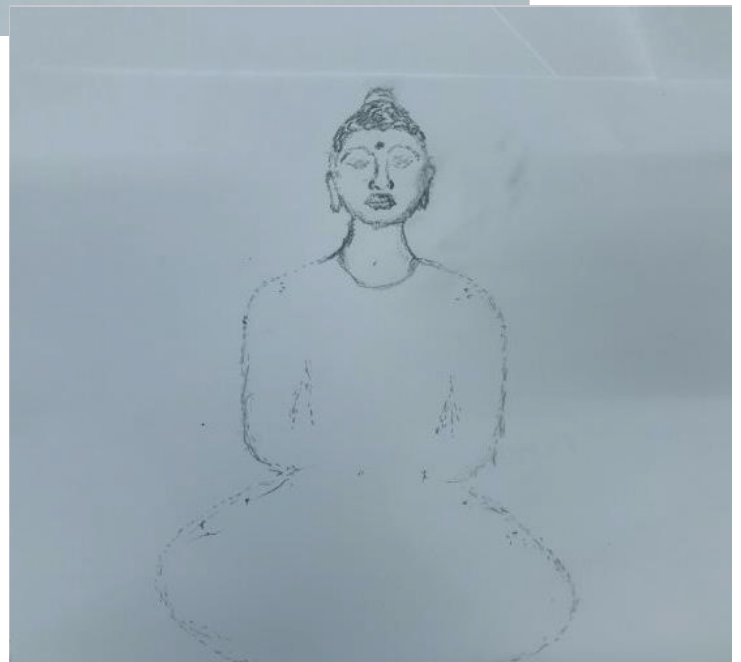
From the heart of
My heart and from
every fibre of my being.

Thank you ADELE
For your help and
love for us.



Life is wonderful
So live it beautifully.
Enjoy your Life
There is no room for hatred
Share means care.
You Live Everyday
You die Everyday
Your birthday is everyday.

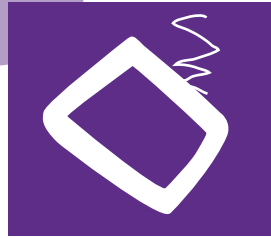
Wish you all a merry christmas
And a Happy new year.



4. Grimm, D, Science Magazine Online, *How dogs stole our hearts*, pub, 2015, <http://www.sciencemag.org/news/2015/04/how-dogs-stole-our-hearts>



Starting Conditions:



About the aims of the pilot phase

The research phase of CREATE (IO1) confirmed an observation that I have made over and over again in my many years of work with migrants and refugees: many are extremely suspicious or hostile to the concept of "Therapy". On the one hand, it is associated with concepts such as «crazy», «sick» and «weak», on the other hand there is often a fear that one's own cultural norms will not be respected in «German» therapy, one will become «German» and so on deprived of one's identity. The very idea of working with theatrical methods is a great a deterrent to many. At the same time many no longer want to play the role of «needy refugee» but to be able to show their own strengths and to be seen as equals. Particular interest is shown in the prospect of women meeting other women - above all German women- and having the chance to use their newly acquired language skills.

Therefore, I initially offered a very unthreatening, open meeting space and in the recruitment phase gave the aims names such as «contact and discussion», «movement», «relaxation», «fun» - elements that served to give the participant's stability. The idea was to create a foundation of trust through common and - ideally - relaxing activities. «Social contact» (S), exercise and relaxation as well as eating together (PH)⁷ should be the main focus in the initial phase and be actively and deliberately utilized as stabilizing factors – they should be adapted to take into account the wishes of potential participants. By involving local women in a joint (creative) activity, I also wanted to offer an opportunity for people to meet on an equal footing, not based preconceived roles (immigrants - locals, needy - helpers), and so find points that they have in common. On this basis, it might be possible later to increase the range of therapies on offer to deal with traumatic subjects and to work on topics that are important to individuals.



September-December 2017
ITT - Institut für
Theatertherapie
Germany case study
Peace. Breath.
Borders.

*Theatre therapy for female
refugees and migrants
in Berlin*

PART 1: Pilot Groups for Women

Sabine Hayduk

About the therapeutic settings

A first group was established in cooperation with the Intercultural Garden Project of the SOS Children's Village Gatow and the counselling centre for Kurdish women «HinBun» on the outskirts of Berlin. The «Intercultural Garden» is a neighbourhood project on the outskirts of Berlin, in which native and newly immigrated residents of the district design, build, and maintain a flower and vegetable garden. In addition to garden tools, carpentry tools are also available, which are used by refugee men for the production of improvised, but ornamental garden furniture and toys. The garden is used by several refugee families who live in 'problem' blocks of flats nearby. Many families have their own vegetable patches and many of the men and children come regularly in summer. In addition, there are occasional visitors.

Under the umbrella of SOS Children's Villages, an organisation that provides care, housing, education and counselling for children, adolescents and families worldwide. An expert and an Arab-speaking cultural mediator manage the project. The project closely cooperates with the women's counselling centre «HinBun» in the centre of Moabit, a district, about 5 km away. Once a week a social worker from the counselling centre comes to assist the work done in the garden. The garden has approximately 4000 m² and is surrounded by forest. I used 60 qm meadow for the meetings. The meadow was a bit remote, but could be seen from the garden.

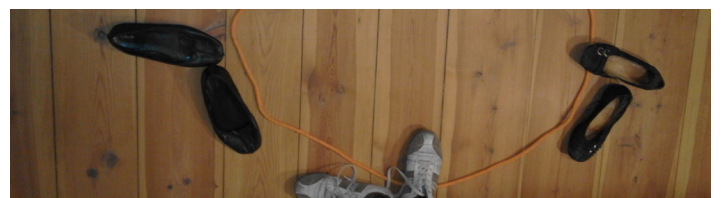
Two trainee theatre therapists prepared various activities for the children of the participants. The course was aimed at refugee and German women and was mostly used by visitors to the garden and clients of the counselling centre who were referred there by a social worker. Therapy sessions took place once a week, on Friday afternoon and lasted 2.5 hours. As preparation, I worked in the garden for several weeks, participated in festivities and thus made various contact with some of the participants.

In cooperation with «Misch Mit», a network of refugee helpers in Berlin Moabit, and «Ratschlag Moabit», an urban initiative offering advice, language courses and various leisure activities for immigrants, I offered a second group a series of 12 open workshops, held once a week and lasting for 2.5 hours. Ideally, a core group of 4-6 women is needed that is stable enough to integrate new participants.

The meetings took place in the «Moabit Castle», where the advice centre is located. The neighbourhood meeting place with attached library, café and kindergarten is located in a quiet side street in Moabit, an inner-city district of Berlin. It is easy to reach by public transport. There are several residential homes for refugees, counselling facilities, family meeting points and language schools in the vicinity. Moabit is a vibrant, multicultural district, home to many migrants and now refugees.

In the neighbourhood centre the so-called «movement room» was available. The room was already familiar to the participants from language, yoga and gym courses. The room is on the mezzanine floor and its wide front-window has a view outside but outsiders cannot see in. The room has pastel walls a sprung floor, which gives it a warm and friendly feel. It is not furnished, but can be equipped with chairs, tables, yoga mats or cushions if desired. I used seat cushions and yoga mats for the workshops. In the next room there was a small kitchen that could be used for making tea. In cooperation with the children's group in the same house and volunteer readers from the library childcare was provided for workshop participants.

7. According to Mooli Lahad these are essential elements of coping and resiliency, 2013, Lahad. Please read more about it in Case Studies Part 2: 'It's nice to be in a round of such warm hearted men.'





About the participants

In total thirteen women from mid-20s to late-40s took part in the workshop. The women were refugees from Afghanistan, Syria, Nigeria and Iran. The participants had already lived in Berlin for 2 or 3 years had secure residence status and lived with their families in their own apartments.

One woman had been separated from her husband during her escape and had reached Germany overland alone with her young children.

All participants had already taken part in language courses and career development courses as first steps towards integration into German society.

Their Muslim faith played an important role for the women but they wished to keep a distance from the more conservative forms of Islam - for example, none of the women wore a headscarf.

This is mentioned here because this attitude seems to have helped the women towards taking part in the project.

All of the women reported feelings of stress, headaches and constantly feeling under pressure. Two participants also tended to brood. As well as their desire to meet German women these symptoms were a reason for their interest in the workshop.



About the therapeutic methods

Many participants reported problems concentrating. Simple exercises that require immediate attention have proved particularly helpful in work with these women. Ball games, relaxation, breathing and physical exercises have proved particularly popular. A small selection of these exercises will be described in detail later. During all exercises it is important to remain aware that every activity could contain triggers and individuals that can call up traumatic or therapeutically significant material in some individuals.

Tapping Massage

The participants find a place in the room and then sit down (if possible on chairs). Hands are shaped into «paws» with the fingers lightly tensed the body is gently tapped. Tapping is started at the arms, shoulders and upper chest area. It is continued over the head and body down to the legs and feet. The tapping increases blood circulation in the body parts tapped and helps relieve tension. When a body part tapped it is struck from the middle of the body to the periphery. The participants are guided by the therapist through the exercise and invited to make the massage as pleasant as possible and to notice the differences between «treated» and «untreated» parts of the body. After the exercise most of the women wanted their backs 'tapped and showed each other different techniques such as pressure points for headaches and foot massages.

Jacobson: Progressive Muscle Relaxation (PMR)

Individual muscle groups are deliberately tensed, the tension held for a short while and then released. This exercise was also well received. Participants who did both exercises preferred the tapping massage. These exercises were accompanied by psycho-educational explanations of the importance to health of relaxation and caring for one's self.

Breathing

Breathing is the most elementary expression of human life. The way we breathe is affected by our mental processes, which in turn can

be influenced by our breathing. The regulation of one's own breathing is an important and accessible building block for self-care.

The participants stand in a circle and breathe in deeply accompanied by an arm movement with the idea to draw fresh strength from the earth, the sky or the group. Exhalation is accompanied by the idea (and if desired with noise) to let go of «old», «spent» air and «bad thoughts» (according to the formulation of a participant). The Garden Group like this exercise particularly and suggested that they also «inhale» nature (trees, sun, plants etc.).

Take a deep breath with your arms over your head. Slowly exhale, while lowering both arms so that with the last breath the arms return to the side of the body. A participant suggested a variation: breathe in deeply, hold your breath for a moment, exhale, and hold your breath for a moment.

Relaxation Exercises

Physical Exercises

«Doing gymnastics and sports together» was the wish of many of the women. They related this to «being healthy» and «doing something for oneself»: Movement means revitalization, helps to reduce tensions and, can counter worry. Exercise is a conscious, self-directed activity. The contact with one's own body can be a positive experience; the «spirits of life» are reawakened. Many of the exercises use conscious contact with the ground, which is reliable and anchored in the here and now, which give one the literal sense of standing with both feet on the ground.

Building

Bend over then slowly raise the upper body one vertebra after another. Stretch and inhale. Exhale and raise the next vertebra. Lightly rock the upper body, head and arms back and forth, let them dangle and then repeat. A partner who uses her knuckles to help roll the individual vertebrae can assist (only if the participant is comfortable with this).

Centering One's Body

Move the soles of the feet to the right and left. Bore into the ground with this movement or massage the soles of the feet. Shift your weight from the heels to the balls of the feet and back again so you produce a rocking motion. Play with your own weight and experiment with how far you can shift the weight in any direction without falling over. Start with the outside and the inner sides of your feet and slowly work towards the middle.

Equilibrium and stretching exercises

Stretch out in all directions as far as you can: how far can I stretch into the spaces to my

right and left above and below me? - A partner should hold the participant by the forearms for safety and then experiment together how far they can shift weight without falling over. This helps to establish the group.

Participant's Physical Exercises

The participants were invited to do their own physical exercises, which they found relaxing. Each could take it in turns to show and teach the group «their» exercise. Many showed simple stretching exercises and also some simple yoga exercises were demonstrated.

Games

People play games all over the world. Playing together helps reduce anxiety and insecurity, which often occurs when meeting strangers. You do not have to be able to play at first and mistakes are part of the game, which contribute to the fun. In the game an «error culture» can be established - mistakes are not catastrophes: try - fail - try again - fail better.

Zip Zap

The participants stand in a circle. A hand clapping goes anticlockwise with the word «Zip». Once this rule is established another rule is added: anyone can change the direction of the clapping with the word «zap» The clapping now runs clockwise until someone changes direction again. Depending on the group, the game can be extended by other rules: with a «Boing»

the clapping can be passed on to someone on the opposite side, «washing machine» requires that all choose a new position, etc.

Rhythm Games

Another circle game: using their own name or simply how they feel everybody finds a rhythm by clapping, drumming or body percussion, which the group takes over. This continues until the rhythm giver stops the «orchestra» and the next person sets his or her own rhythm. Some women found it difficult to produce a rhythm. In some cases drumming the syllables of their own name and emphasizing one syllable helped. Some participants found it embarrassing to hear their name spoken several times in a row but enjoyed the pure rhythm exercise. Depending on the group it was sometimes possible to combine rhythm with a dance at the end of a session.

Robber

All participants loosely attach a piece of cloth to their body (for example, they put it in their belt.) and try to steal other people's cloths while protecting their own cloth. If you lose your cloth you have to stand still but you can still try to steal a cloth from other people to come back in the game. The game ends when one person has all the cloths. This running game was well received as an alternative to «sport» and worked particularly well with mothers with children.

Ball Game

Ball games are known in all cultures. Everyone has at least played with a ball as a child. Even for adults, playing with a ball is an accepted form of play. Throwing a ball to someone is one of the first forms of making contact at a distance; the contact is made via a task and a medium. In addition playing with a ball requires attention and thus a focus on the here and now. This involves self-control - the ball can only be caught if I coordinate my movements.

Starting with a simple throw of a ball, the game can be combined with various additional tasks to change the requirements to match the objective: call a name, call and catch a number of balls in a specific order, call names associated with an emotion, and throw the ball to separate from the emotion. Omitting the real ball and playing with changing imaginary balls the imagination can be stimulated and the first contact with the medium theatre made possible.

Cloths

Another method that is controllable and can be used to initiate indirect contact with others can be done using cloths. A cloth can cover, protect, dress, connect things, draw boundaries or act as an extension of my body, a thing that belongs to me without being a part of me, a thing that can dare experiences that I still cannot dare.

After a period of becoming familiar with the cloth they can be used to establish contact with the surroundings (the room, other participants) and producing movement - at first only the cloth dances, then the person dances with the cloth with the cloth finally the person dances.

Contact

Mirroring

Two participants stand facing each other. One performs a movement the other copies this movement. Ideally, the «performer» moves in such a way that her counterpart can move at almost the same time. After a set period the partners change the roles. Initially who leads and who follows should be decided later this can be done as a fluid change. Variations of exercise: free movement, movement on a theme, and movement to music.

This exercise requires participants to concentrate on others outside themselves. If you look in a mirror you see yourself. But if the mirror is another person I see myself with the eyes of the other. In doing so I am not only seen but also know that I am perceived. At the same time I decide what my partner gets to see. I can regulate my behaviour and my movements because I get immediate feedback: If I am too fast my partner can't keep up. And I can immediately experience self-efficacy: I can relate to another and control the form of the relationship (proximity - distance, etc.). I also experience both giving up and regaining control.

They are a relatively simple way to enter into dramatic reality. The «as if” of the game and the role takeover and shape the dramatic reality. What is possible in dramatic reality: expressing one’s self, changing one’s role or situation can also be possible in everyday life as it has already happened before. This can be done first with a given topic, later on topics chosen by the participants or even done without words. A participant enters the stage and adopts a stance that is appropriate for the topic. The next person can choose how she relates to this: whether she duplicates it, takes it further, or does something different. This picture can also be put into motion at a given signal. It has proven useful to start with simple everyday scenes «In the Kitchen», «In the Garden» and slowly increases the complexity.

A variation of this exercise, which was well received: one player enters the stage and takes a posture; another player chooses a suitable figure and reaction to this. The resulting picture is then set in motion. In this way the participants play out a number of situations on the topic «needing help and giving help». The need for help decreases and at the end of the session there was a complete women’s band on the stage!

Living pictures



A Safe Place

The participants find their «favourite place» in the room and mark it out with objects and / or ropes, cords, tape, etc. This place may not be entered by others and it can be used as a retreat / resting area. Its essential characteristics can be explored. It can be created and described or used as the starting point for a game. I have used 'my favourite place' both as an analytical tool for dealing with my own limitations and as a link to the questions of which characteristics qualify a place as «good». It can also be used as a starting point for expeditions outside the safe place.

Storytelling

Telling a (fictitious) story provides a way of sharing your own experiences without feeling exposed and vulnerable to them (under-distancing), or feeling completely emotionally disconnected from them (over-distancing). Aesthetic distancing takes place through the introduction of fictitious protagonists, as well as the use of narrative to give the experiences an artistic form. This creative process (finding an artistic form) may give the narrator the opportunity to change their relationship with their experiences. For this work I chose a form of storytelling in which the participants chose a card for the hero of their story, their goal, an obstacle on the way to the goal and a guide. The journey of this hero is first told as a fairy tale and later acted out by the group.

About the Participating Therapist

All participants had at least a basic knowledge of German or English so that elementary understanding of each other was possible. Before each exercise I made sure that the key terms (for example parts of the body, forms of movement, theatre terms such as pantomime, stage, character, role.) were understood. Often one participant could translate for others but I also used methods that I had often used in monolingual foreign language teaching, such as working with pictures, explanation by synonyms, examples, etc. My many years of experience as a language teacher were a great advantage when assessing the language level of the participants and choosing the appropriate linguistic resources.

The most important means of communication was example: this included the demonstration of practice procedures and also participation in the exercises. As a participating therapist I provided a role model and demonstrating the possibility of modifying my role according to my own feelings. This encouraged the participants to choose their own paths. Anyone who was too tired to take part in a ball game standing up could do so while sitting down – soon tiredness was no longer an issue!

Because of my willingness to take part in the processes I was inviting the women to try I avoided producing an overly clear hierarchical system: I did not make the offer «for them» but «for us». Such an approach requires the therapist to constantly navigate between different roles and to weigh up precisely how far they can and should go without overwhelming either themselves or the participants or becoming therapeutically incapable. This tightrope walk seemed to me the only way to avoid a criticism heard again and again from interviewees: that many courses for refugees and migrants reduced their role to that of helpless recipients of aid.

About Awareness, Sharing and Feedback

What cannot be expressed orally – perhaps because the necessary language skills are not present - can often be expressed figuratively. Images (I like to use Cope cards, photos, postcards, or Dixit cards because they are aesthetically pleasing and often symbolically express emotions or basic human experiences) have the advantage that a client * doesn't have to be able to do anything except select a card. Additionally the images show that the client is not alone with their experience. It has already been experienced and felt before. However images are limited they do not give the participants the chance to shape their feelings themselves.

For this reason I always supplement picture games with a task in which the clients themselves are able to make something. To produce or change a card with their own drawings or to adapt it to what they want. After initial hesitation most of the participants enjoyed using oil crayons to create their own pictures. Once the picture was created it was also described orally.

I often asked clients to give their work a title in their own language and often asked them to translate the title for me. I then tried to «learn» these words and saw that this was well received by the participants who insisted that I pronounce word correctly and value it.

Another form of self-expression without words are gestures and «statues». After an exercise or the beginning / end of a session the participants find a gesture or stance that expresses their current state of mind, a desire, or the essence of an experience. It is possible to work with a partner who makes herself available as «material» and assumes the desired stance.

What is important in this, as in the other forms of presentation, is to create a «container», such as a ritualized presentation, in which the group uses a gesture / statue to express appreciation of the shared experience. Other forms of 'container' include boundaries by a stage or a (rope) circle or a treasure chest.

A ritual that was well received by the participants was the «Magic Well» done at the end of each session: the participants stand in a ring and with the thumb and little finger of the right hand form a circle, «the well». Participants can throw with a gesture and / or a word what they want to get rid of into these wells and can take out what they want to keep. These are kept in a place on the body that can be easily recalled. Gradually a repertoire of gestures is created that clients can use to summon up good experiences.



The course was explicitly aimed at women both with and without a migration background. I have described the course several times in refugee shelters, meeting places for migrants and also in support centres. I have also advertised via social media. Unfortunately local women did not wish to participate. Some had too much to do with their volunteer work. Some could not imagine taking part in joint activities. Some had no time and some were simply not interested.

I had had several previous contacts with the refugee participants. These included visits and conversations in refugee camps and work contexts. Some of the women already knew me by sight. Often contact was made through colleagues who were trusted by the women. However even women with whom I had been in contact with (work in the garden, drinking coffee, celebrations, informal discussions, language courses etc.) turned

OUTCOMES I: About Participation

out to be extremely difficult to motivate to participate or to participate regularly.

Shortage of time certainly played a role here: many women were already busy with caring for their children and husbands, household activities, language courses, employment office requirements, official appointments and medical appointments, and in some cases mini-jobs, that an additional weekly appointment was regarded as a burden.

The daily routine of a typical client is as follows: 7.30 bring the children to KITA or to school. 9.00 - 13.00 language courses. 13.00 - 15.30 Shopping, cooking, housework, appointments. 16.00 - 17.00 children come home from school or have to be picked

up at the KITA. 17.00 - 20.00 dinner, housework, family time. 20.00 - 21.00 put the children to bed. 22.00 go to bed. This schedule means that fitting in another appointment, which involves organizing childcare and transport, is almost impossible.

The only appointment time (once a month) given as possible was Sunday morning - a time, that did not fit in well with the working and opening hours the organizations involved (and also not popular with the therapist).

Familial (religious and cultural) restrictions were also an issue. Although some (especially younger) women were quite interested in participating they were unable to because of their place in the structure of the extended family.

As most of the participants did not take part regularly or only at very long intervals it is not possible to describe a long-term therapeutic effect. A few snapshots can briefly illustrate how a creative therapeutic course could develop. A sustained improvement in the mental health of the participant can only be achieved if the participants attend over a longer period of time. In the individual sessions the desires and issues of the participants were relatively quickly revealed. In addition to the common desire to get rid of «stress» and «tension” many wanted to have and protect

language courses but has barely mastered more than the basics. Her native language is English so we were able to communicate without any problems. She came to the group at the suggestion of her social worker. When working in the garden it was notice that she had difficulty in concentrating on a single topic.

child (5 years) are also marked by instability. Sometimes he is hugged and kissed, sometimes harshly treated and pushed away. The older son is the «man» in the house and sometimes takes care of his younger brother. The relationship between mother and child is uncertain. The child's behaviour has been described as abnormal. Ms N has not been subject of a psychiatric diagnosis. Ms N brought a friend, Ms G, to the first group meeting.

She always obeyed Ms G's wishes and instructions. Ms N behaviour in the group is noticeable. She is very jumpy and often breaks off from an exercise and disappears to phone or drink coffee. When she returns I tell her that we have missed her and she has missed the introduction to the current exercise but that she can join in again for the next exercise. Her friend and exercise partner repeatedly makes it clear to her that her behaviour annoys her. Ms N takes this without commenting and is always happy to join in a new exercise.

Over the course of the future sessions this behaviour changes significantly: she begins to apologize to me when she leaves the group, which happens less and less often. By the 4th session it is no longer necessary for her to withdraw in this way. She seems to have gained more independence in her relationship with her friend. At first she followed her friend like a shadow but then she slowly started to bring in her own ideas and after three weeks she finally drew a clear boundary for the first time.

Her friend interrupted an exercise that Ms N. visibly enjoyed because she said she did not understand the rules and wanted to play by her own rules. Ms N told her that the rule is not so difficult and she wants to continue playing.

OUTCOMES II: Best Practices - Therapeutic Snapshots



a private space, to liberate them from a dark and restricted place and step outside into the sunlight. Other common motives included gaining recognition and improving status.

Rules and Boundaries

Ms N, 25, is a single mother of two children and has been living in Berlin for several years. She has completed several German

She would start an activity, break it off, start another task, telephone and then start something new.

This pattern could also be seen in her everyday life. She repeatedly starts training courses or work and then drops out after a few weeks. In addition she is often ill. Her dealings with her younger

Ms G. was as surprised as I was and the misunderstood rule was no longer an issue. At the same time her dealings with her child began to change. In the first session the five-year-old came to his mother again and again and demanded her full attention by clinging to her leg and preventing her from playing with us. She kept pushing him away and telling him to go away. I suggested to both of them that the child could take part in this game and then go back to the children's group. The child took part in a ball game for a short while but soon tried to pull his mother away again. Finally the head of the children's group distracted the boy with the offer of an exciting game and Ms N. continued with the women's group to the end. At the end of the session I suggested that she play a game of his choice with him and that next time she should make it clear to him in a friendly way that she would now stay with the women's group but then play with him again when she was finished. When a similar situation arose at the next meeting she managed to stay calm and give the child clear directions. The following sessions were undisturbed.

Opening Doors and the Air to Breathe

Ms G is the mother of 9 children some of them adults some of them still of elementary school age. She fled to Germany 2 years ago with her husband and younger children and is currently attending a German course. She wants to improve her language skills and is ready to 'do anything'. Other motives for participating in the workshop are unclear. She brought along a number of female family members to the first meeting.

It was clear that she was the leader of this group, a matriarch. She gave me the impression of being very disciplined and of having a firm grip on her family. In the game with an imaginary changeable ball, she soon became quite exuberant and the initially tense atmosphere relaxed noticeably. The other women in the family participated



actively. In communal games the separation of participants from Arab and African countries of origin is temporally suspended. Outside of the game the groups separate again but during the game at least a temporary contact becomes possible.

Later I invited the women to have a look at the garden and to choose a favourite spot and put a boundary round it. Ms G decided on a piece of the garden that was already surrounded on three sides by a fence and

hedges. She blocked the forth side off with chairs, rope and tape. She took a lot of time and energy to design the interior and made a very colourful drawing of a house with only one window and door. The house lay in a vast landscape and in front of the house was a lake. Next to the house were a car and a child jumping rope. The group was only allowed to look through the fence. She explained that this place was good and safe but too narrow and she wanted more space and air. She wanted to breathe and she wanted a house and a car as in her home country.

Ms G returned four weeks later with three of her children. She arrived 45 minutes late and said that she had been visiting family members abroad for a few weeks.

Since the childcare therapist had already left for the day and no other clients had come I spontaneously developed a therapy session for her and her three children. With the help of picture cards (DIXIT, see appendix) everyone told a fairy tale (a hero story),

which we then performed together at the request of the children.

In the play with the children, the client became more and more relaxed and playful. She had explained before that she did not want to act out the drama but this was suddenly no longer an issue.

She invented and told a story in which the main character, Ali Baba, had to flee from enemies, was threatened by iron men and finally escaped with the help of a wicked (!) witch. At the end of the



story he finds himself in the dark in front of a huge open door. Behind the door is a bright warm light. He opens the door and goes into the light. When I asked what he could find in this light, she replied, «Freedom» and «Air.» One daughter hugged her mother and explained that they, the children, were her light. The mother asked me if we were finished then sat down and searched for an Arabic music piece on her mobile phone and started to move to the music. The children danced in the garden and made us join in. We finally stopped when the garden instructor arrived.

This short interlude helped the mother express some of her inner and existential issues. This touched her family and they responded to it. At the same time it gave her the chance for self-regulation. The setting was secure enough that she could follow her own impulses, move to Arabic music and find emotional support in

She was very friendly to me from the beginning and she enjoys acting. When I have to turn down her wish for a game in pairs, there were six other women in the group, she went to the children's group and joined the children - it almost seemed as if she would like to become a child again. At my request, she decided to remain with the women's group. As a favourite place she choose an open, unprotected place with three trees, which she connected by a thin thread. The other women and also the children running around and using again and again the oil crayons she had chosen constantly damaged the boundaries of her place, so that she got no peace. I pointed out that one of the rules

of this game is that other people's places cannot be entered. At first she tried to defend her place but it was so hard to see that it was impossible to defend and after a while she gave up.

When I asked her if she found that ok she shrugged and said it was always like that and there

was nothing to be done. She asked if she could open a new box of oil chucks and use them all by herself.

At the end of the session she asked if I would be back next week and if she could come back. She wanted to show me a game she loved playing as a kid. Unfortunately neither she nor the other women in her family returned. My impression was that she was not allowed much freedom.



dance. Although this session contained more than enough issues for further therapeutic sessions the family did not return. This suggests that the issues that had surfaced were too threatening to be pursued as part of a public group.

Borders and the Desire to be a Child Again

Ms S is in her early 20s and came to Germany as part of her extended family with her three-year-old child. She knows nothing about the whereabouts of her husband. She speaks German fluently and translates for her older female family members. In the hierarchy of the family she is clearly in a subordinate position. In addition to the translation it is obviously also her job to look after the children of other women.

Lightness and a safe place in memory

I pick up Ms A. from her living quarters. She is in her late thirties and is the mother of three school-age children. She has successfully completed several German courses so communication with her is relatively easy. On the way to the meeting Ms A. tells me the story of her escape. After being abused by religious fanatics, she lost two unborn children and her legs were broken several times. On the run she was separated from her husband and reached Germany together with her children in a wheelchair. She is undergoing therapeutic treatment for PTSD and would like to attend the workshop because she likes the idea of meeting other women and being creative together. Arriving in the workshop room she says that she would like something nice and relaxing.

A massage exercise, dancing and painting find her approval. After an introductory phase I invite the participants to choose a favourite place in the room, mark it and give it boundaries.

Ms A chooses a place near the window because she can see a tree outside and the fabric and colour of the curtains are pleasing - touching them relaxes her. She is already familiar with the tapping massage - she loves this exercise and says that during the performance that she can feel her body warm up and tensions and headaches dissolve. She deals intensively with the cloths she chooses, checks their tactile qualities and with their help explores the boundaries of «her» area.

She first tries different ways of moving to music with the cloths and gets a partner and they do the cloth dance together. Ms A. agrees

to let her partner touch her and be guided by these touches. After a short while she closes her eyes and dances with the cloth.

In the final sharing session she draws a picture of laundry on a clothesline and a woman between the pieces of laundry items. She calls the picture «Peace» and said that she felt the touch of the cloth as a light, warm wind reminding her how as a child she played between the pieces of laundry her mother had hung up in the garden to dry. The memory is very beautiful and she now feels peace and lightness in her heart. Additionally she has not been dancing since her legs were broken danced and is glad that dancing is still possible.

She wants to come back the next week and bring a friend but calls it off at short notice. The same happens the next week: too many deadlines, too much to do. She sends me little messages with flowers and hearts but has no time to participate.



The work setting up the pilot groups and with the pilot groups themselves was an emotional roller coaster ride for me as a therapist.

I joined the project with great enthusiasm, which met with great interest among the pilot partners, but mostly met with more or less friendly rejection from the clients.

I often found myself alone in an empty room although participants from previous sessions had promised to return or new participants had registered. I tried to find out why no one had appeared. Being alone was like doing the analysis of my emotional reactions and the sense of transference and countertransference in a kind of echo chamber. It was very difficult to separate what was due to me and what was due to the clients.

This lack of a partner - a sympathetic representative of the German society as empathic corrective for my own assumptions was what my clients also lacked. Like me they were thrown back on themselves. Thus the echo chamber became a place of learning. The situation - waiting for something or someone - is deeply familiar to women with refugee backgrounds. They made me feel what they felt: a wait whose end you could not control yourself, and in the countertransference the corresponding feelings: hopes and their disappointment, uncertainty and unrest, frustration.

All this led to self-doubt and the questions: What am I doing (sic!) wrong? Why am I not satisfied (sic!)? Why am I rejected (sic!)? Finally feelings of abandonment and anger set in.

As a therapist, I had the opportunity to analyse and use these self-doubts and emotions therapeutically. During this project this was complicated by the fact that I could not fruitfully use the insights gained on the clients as they just did not come or did not return. These transference and countertransference processes had been expected but I was surprised by their vehemence and the stubbornness with which these feelings clung to me and made themselves felt to my team in other work contexts or even in private situations.

OUTCOMES III: Self-Reflection - The Therapist's Journey

After a session I was often left with the feeling that I had been «unreasonable» to the participants, that I had 'forced' them to 'obey' my suggestions

This was expressed to me only rarely and usually indirectly through a third party, for example as a criticism of my «expressivity» which within their culture is not standard-compliant female behaviour. This partly reflects the experience of my clients with German society, which in some sense is «violent». It confronts them with «impossible» behaviour and forces them

to bow to requirements that are incomprehensible to them or violate personal/cultural boundaries. In this sense I offered a projection screen for experiences that many refugees have with German society.

My countertransference reaction also contained insights into the emotional world of the participants: to perceive oneself as an «imposition» on the host society.

At the same time projective identification also took place. I could see how I developed physical symptoms such as palpitations, shortness of breath and physical tension over time. At night I could not wake up from nightmares in which my life was threatened and experienced periods of intense anxiety about people close to me and feelings of deepest abandonment and futility. After a session without participants

I felt more drained than after an intensive therapy session. My lack of energy and exhaustion intensified over the course of the project and finally ended with work problems and after the active therapy phase with sickness. These symptoms could not be conclusively explained by my own physical and mental condition or circumstances and it took several supervisions realize how far I had identified with my clients' feelings and symptoms and had failed to take care of myself.

Without prior, intense contact in which the therapist has been shown to be trustworthy, it seems that participation in such a course is too problematical for women with a refugee or migrant backgrounds. In the midst of an unfamiliar and often hostile environment they are being asked to leave the hard-won comfort zone of their home family or community and engage in a confrontation in a foreign language and with foreign cultural codes. Even more, they are being asked to open up and reveal themselves to the therapist in a way that can only be done if the therapist is already familiar to them. My first assumption that a few meetings were enough for that was incorrect: the process of becoming familiar takes weeks if not months.

In other words, therapeutic offers for refugees and migrants of whatever kind, should be preceded by a preparatory phase in which the therapist is proven to

be trustworthy as a (contact) partner in everyday life and in familiar surroundings.

The implementation of a workshop in a place or a room that is unfamiliar is difficult for similar reasons. The unknown place is another factor of uncertainty and discourages participation

even if the participants are picked up and returned to their living quarters. Or as one mother put it: «Do the project here in the common room, and then I'll come. But if I have to travel by bus with six children between the ages of one and eight years old, it will be so much stress that your workshop will not be able to compensate for that. «

In future to minimize the time and organizational efforts for the participants it would be an advantage if similar projects take place in institutions that are already integrated into their daily lives. For example in residential facilities, language schools, kindergartens, schools or family cafés. However this will present new problems with room size, equipment, privacy and organisation. On the other hand there are justified security concerns about the presence of strange persons in dormitories and kindergartens. This would also complicate the encounter aspect, which made the project attractive to so many.

Even at a local venue the problem remains that mothers and children spend little time together on a workshop day. We might consider an offer where mothers and children to work together.

CONCLUSION

About Organisation and Therapy-Setting

About Content and Effects

Devaluation of the experience («We only played a bit!») and the person of the therapist («We do not behave like that!») and the avoidance of further experiences is part of the process of working with this client group.

This is hardly surprising: theatre therapeutic exercises and games can be very strange to participants who are unfamiliar with such a form of expression (at least in their adult life) and who have to overcome cultural hurdles in this regard. In this respect theatre therapy offers an ideal projection surface for everything that seems strange or repugnant in the host society.

This form of therapy allows a rapid access to other issues. Even if a session has been experienced as positive, the release of tensions can be experienced as threatening. What happens when I no longer have this symptom? And what will happen if I actually take steps toward change?

The group as a vessel and trust in the therapist had apparently not become strong enough in the given project period to be able to answer these questions.

As a consequence, we plan to offer very low-threshold, monthly leisure groups at both locations. Through activities that are determined together (gardening, baking, cinema visits etc.) trust can slowly grow in the accompanying social workers and therapists. When this is stable, creative therapeutic courses can be made again in a few months.

Supervision is an important element of any therapeutic activity. In work with refugee women it should - as I experienced first-hand - be used more intensively than usual. Other forms of self-care should not be neglected: a daily counterbalance to the work with refugees and with potentially traumatic material. The tendency of these problems to remain with the therapist should not be underestimated.

This context opens up another field especially for artistic therapies. Many who work actively with refugees have had similar experiences to those I described above. They are a projection screen for negative experiences of their clients with the host society and thus become the target of reactions that are not actually aimed at them. Volunteer workers are often not accompanied by supervisors, nor do they have the training and resources to protect themselves from secondary trauma or to identify it as such. Many people complain of exhaustion, burnout, of frustration at the 'ingratitude' or lack of appreciation of their clients.

It is precisely here that refugees and helpers can meet on a common basis. Some can empathize with what others (do not) feel. Forms of therapy could be imagined which make use of these experiences. They could support both sides in jointly finding ways of coping with the difficulties encountered. People who are active in refugee work need support and assurance in dealing with their experiences. These people could be potentially more open to creative therapeutic work. They could act as multipliers and facilitate their client's step towards artistic therapy.

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Philadelphia, 1994.

Dixit, Quest Ed. (Dixit is a card game created by
Jean-Louis Roubira, illustrated by Marie Cardouat,
and published by Libellud. Using a deck of cards
illustrated with dreamlike images, players select
cards that match a title suggested by the «storyteller»,
and attempt to guess which card the «storyteller»
selected).

Start conditions Go!



The theatre therapy sessions took place in Berlin Lichtenberg, Germany, in the large (80 m²) function room of the youth leisure facility «Magda», part of the Caritas Association Berlin. We also had access to other smaller rooms and the kitchen.

The sessions took place outside the usual opening hours, so that the sessions could run without any disruption. The room has full-length windows on two sides and so is very bright and open. The building is situated on a side street and is surrounded by 4,000 m² grounds that are filled with trees, lawns and bushes.

Behind the grounds is a train station and a children's Day Care Centre, which were not be open during the sessions. The atmosphere of the building as well as the grounds was one of openness, nature and order. At the same time the garden fence, plants and thick curtains – that can be closed when necessary – provide a feeling of protection and security. The house is made of wood, the interior walls are panelled in light beech wood. The air in the house is fresh, warm and smells slightly of wood. This also provides a calming and protective atmosphere. There are several refugee shelters and a hostel where refugees live in small apartments in the area. Since summer 2017 many refugee shelters have been closed, and the inhabitants relocated to new accommodation on the northern outskirts of the city about one hour away.

For years I have worked with traumatized children and adolescents and young prisoners as well as with refugee children and adolescents and adult male groups. Because of this experience, I thought I was well equipped to run a creative therapeutic/theatre therapeutic pilot group for refugees as part of the Create project.

I produced a flyer in German and Arabic, visited refugee shelters, neighbourhood groups and centres (e.g. the 'Sprachcafé', where refugees and residents meet to speak German) and approached people that I



October-December 2017

Theatre therapy for male refugees and migrants in Berlin, Germany

*'It's nice to be in a
round of such warm
hearted men.'*

PART 2: Pilot Groups for Men

Patric Tavanti

met in various institutions. I introduced the project at many network meetings, in district committees, crisis services and to the social-psychiatric services.

Shortly before the start, I had a list of over 12 people who showed interest and who wished to bring other friends and acquaintances.

Before the first meeting, I asked myself if I could lead such a large group, particularly when considering the language barrier.

The night before the start, I once again wrote to everyone who was interested and/or registered and received a confirmation from some that they intended to come ...

I was therefore astonished when I found myself alone in the group room at the first meeting; none of the interested parties had come! I wrote to everyone once again that next week there would be another group meeting and I would be happy if they could attend. This time I did not even get any replies.



هل لديك رغبة...
LUST AUF...

بشيء لك ولصحتك
... etwas für dich und deine
Gesundheit tun?

التخلص من الضغط
... Stress abbauen?

الالتقاء برجال من حول العالم
... andere Männer aus
aller Welt treffen?

أن تحرك نفسك
... Dich bewegen?

الاسترخاء
... entspannen,
نوم أفضل
wieder besser schlafen,
الحزمون الأصدقاء
mehr Freude am Leben?

الكشف نقاط قوتك
... Deine Stärken
(wieder-)entdecken
und fördern

مسرح؟
THEATER?
Spielen? Malen? Tanzen? Kochen? Lachen? Lagerfeuer ...
... kann man in allen Sprachen!

نفسية؟ رقص؟ طبخ؟ صقل؟
... استيعاب حول نار التحميم؟
... استيعاب المروضات واللعاب؟

Wann:
Ab 16. Oktober 2017 jeden Montag von 17.00 bis 19.30 Uhr
Wo:
JFE HolzHaus
Gotthardstraße 38
10365 Berlin

لمن؟
Für Männer zwischen 18 und 99
Deutschkenntnisse sind nicht
notwendig

اجادة اللغة الألمانية ليس ضرورياً

Erasmus+ KA2 Project
co-funded by the European Union





What perplexed me was the apparent enthusiasm and interest shown me at the launch of the pilot project, and then the unexplained and unexcused absences. If they had come and told me that they were not interested in the offer now that they knew more about it I would have understood.

This was not the case. In various discussions I tried to get to the bottom of the problem. A Syrian NGO employee told me that it was considered polite to say you were coming; a refusal would have been considered impolite to a Syrian. To say yes and then not to appear would have been a way for both parties to keep face.

A Russian employee of the social-psychiatric service said that it was not enough simply to make an invitation, the stress of going to a strange group in a strange land where one does not know exactly what to expect was far too big, even if they

were interested in the course. She said that with each individual one had to «drink tea» for a long time before extending an invitation. In addition, one must plan to pick each person personally and go to the session together. Only after repeating this several times could one find out whether the person is

ready to come alone to participate in the group.

In the days leading up to the next meeting, I talked to individuals personally about the group, its purpose and what the participants might gain from it.

Facts - learn to understand and to deal with them

At the next meeting, three people came. One participant reported that although he had done the first physically oriented exercises, he was also watching the other participants and the therapist (who was participating).

He was embarrassed to show himself in front of the others. The participants explained that the exercises and the calm and warm voice of the therapist did them good, that they had become calmer, more relaxed, that the tension and the constant brooding had subsided or disappeared altogether.

All participants found landscape painting easier than physical

First working alliance - about trust and safe place

expression. The discussion about the images and the experiences they expressed helped them to relax (relaxed facial expression, livelier storytelling, smiling at the end of the story). The understanding and compassion of the other participants encouraged them to tell more.

The exercises were quickly connected to their experiences of escape.

Even a «beautiful landscape» can be a dark forest in the mountains in which one is hounded because one feels «alive» and «free». Negative associations were made more with life in Germany („Here I feel like a sack of potatoes“, „I do nothing“, „I’m nothing“). The acknowledgment and appreciation of these accounts by the therapist was found reassuring („I will not be rejected, even though I broke the law when I was on the run“):

Story telling to this landscape:
"When I was on the run, I felt safe, I felt free and strong, here I am useless. I do what I am told, I work, in the evening I sit on my couch and think about what to buy next. Out there, I was a man, walking all across Europe, just with my water flask, I did not obey the law, I was free. I miss that, the adventure, the strength, the freedom. With all the danger and fear I felt, I felt much better than here and now".

The owner of this landscape said his thoughts were constantly circling and not wanting to stop. He felt surrounded by people with negative and evil vibrations. He feels that he has no safe place.

In the final round, they said that the exercises had done them good, that their constant brooding had been interrupted and that they now felt much more relaxed and balanced and that they would like to continue the course. Although at the beginning I had stressed

that participation should be continuous and sessions would need to be signed for, I felt a great deal of mistrust when I asked for the signature at the end. The trust that had been built up was suddenly lost. I felt that I was suddenly regarded as a hostile official.

I was embarrassed by the concern I had caused the participants and felt it was my fault although at the beginning of the session I had pointed out these conditions to them. I felt as if I had deceived and betrayed them. Although many refugees or their relatives have feared or experienced persecution abroad, I felt their attitude was inappropriate and unpleasant. Therapy is based on mutual trust, commitment and self-determination. A simple request for a full name and a signature destroys this basis. Two of the three men said they wanted to come back and would then sign. They did not come back and I was left feeling it was my fault.

Sie kommen und gehen
Sind zusammen und doch jeder für sich
Sie empfinden Erleichterung
Und sind doch auf dem Sprung
Ich bin da
Ich bin Angebot und Verbindung
Ich bleibe «die Anderen» und Gefahr
Ich beobachte und werde beobachtet
Wir kommen zusammen
Wir gehen zusammen
Doch geht jeder für sich
Es bleibt immer die Frage –
Wo ist der Haken?
Papier wird zu Mauern,
die schon überwunden wurden

They come and they go
Are together and yet alone
They feel respite
And yet are like wound springs
I am there
I am the offer and connection
I remain «other» and a danger
I watch and I am watched
We come together
We go together
But each goes alone
The question always remains –
Where is the catch?
Papers become walls
that had already been climbed

3. Session-Evaluation, 30.10.2017

At the next meeting, only one participant attended. I already knew him so his trust in me was stronger. I offered to work alone with him. I painted his tree of life with him after a body-oriented and imaginative introductory exercise. He enjoyed painting and painted a very expressive and colourful tree. He had great pleasure in interpreting his tree he spoke very vividly and in detail how he sees this tree and where he saw links to himself and his life. I clearly felt that the work helped him to open a lot.

He said that he did not need to think about what others might think of him and whether he would lose

their respect. Since I grew up German and in a different culture he even found the courage to tell me about his homosexuality.

In a group with other Muslim men, he would not have dared

to do this. His homosexuality and the rejection of his sexual orientation in his homeland had been the main reason for his flight. I found it very moving to have had this session with him alone. And so I decided, even if others should join the group, to continue the one-to-one sessions and to work with him alone.

The next time he called a few minutes before the beginning of the session, he was too tired to come, but he would definitely come next time.

Even more facts - flexibility and one-to-one sessions



This he did, and had even persuaded one participant from the first session to return. In addition, there was a new participant who had been recommended by the Berlin Crisis Service where I had presented the project the week before the project and another man.

I was a bit unsure what to do with the motley group. Theatre games and body and movement exercises had already deterred some participants who dismissed them as children's games.

At the request of the two new participants, I once more explained in detail what theatre therapy was and what it could achieve. Theatre is a means of expressing oneself nonverbally and experimenting with new experiences or new forms of behaviour. It is a tool; it is not about «beautiful» or «good» acting or theatre

in the conventional sense. I also talked extensively about the Integrative Coping Model BASIC Ph (developed by Prof. Mooli Lahad, Israel):

The person coming from the Crisis Service then said that it

too expressive or «opened up too early» during the exercise.

To combat this, participants were offered a room where they could get to know each other and have a neutral conversation. They were also offered cakes, coffee and tea.

I was distracted because I was thinking about my repertoire; what could I do with them that would not scare them off?

Even more flexibility - psychoeducation and pick up the group at their needs

B	A	S	I	C	Ph
Belief	Affect	Social	Imagination	Cognition	Physical
Self	Emotions	Role, Others	Intuition	Knowledge	Action
<ul style="list-style-type: none"> ■ Attitudes ■ Beliefs ■ Values ■ Meaning 	<ul style="list-style-type: none"> ■ Expression of feelings ■ Acceptance ■ Ventilation ■ Listening-skills 	<ul style="list-style-type: none"> ■ Social skills ■ Assertiveness ■ Group roleplay ■ Social role system 	<ul style="list-style-type: none"> ■ Creativity ■ Play ■ 'As-If' ■ Symbols ■ Guided imagery / fantasy 	<ul style="list-style-type: none"> ■ Information ■ Order of preference ■ Problem solving ■ Self-navigation ■ Self-talk 	<ul style="list-style-type: none"> ■ Activities ■ Exercise ■ Relaxation ■ Practical Actions (Eating, ...) ■ Work

sounded very interesting and that BASIC Ph could certainly be helpful... I waited for the «but» - but it did not come, instead he said that he found the group sympathetic and that he looked forward to join the group and would like to try out these methods.

During the 'Sharing Round' in the previous sessions, there had often been a certain awkwardness caused by worry about what other participants might think of one, if one was

One told a story about what he had experienced that afternoon that weighed heavily on him. The others were shocked by his report. Someone asked me 'You were talking about theatre and improvisation earlier. Can we act this event?'

I suggested using a simple variation of the playback theatre method and the participants agreed to try this. We went into the meeting room, which has a small mobile stage and started with the playback theatre method:



1. Interview

We stood in front of the stage in a circle and I asked Basim to tell his story once again. I asked some questions about the circumstances, the particular emotional reactions and characteristics (clothing, postures, and language) of the individual participants. This was to assist the participants in paying their roles. I then asked Basim to select a participant for each role. The participant has the chance to accept or reject the role.

I then asked the participants to produce a simple set design on stage with props, wooden boxes and other objects. The players were very focused and their performance was intense, physical and emotional. They acted out Basim's story very accurately and in detail.

Finally I asked each player to describe how they had experienced the performance in a few sentences. Then I asked them to leave their roles and leave the stage. After the roles had been assigned, I suggested producing a soundtrack to support the scene but this proposal was rejected.

2. Preparation

I then asked the participants to produce a simple set design on stage with props, wooden boxes and other objects. I asked Basim if he approved of the set design and then asked the players to take their start positions. Again I asked Basim, whether he approved or if he wanted any changes. Then Basim started the scene with a handclap.

3. The Presentation

The players were very focused and their performance was intense, physical and emotional. They acted out Basim's story very accurately and in detail.

4. Recognition

After the performance, Basim, Wahid and me, who had taken no part, applauded. I asked the players to stay on stage. I asked each player to describe to Basim in a few sentences, how they had experienced the scene and what emotions they had felt. Then I asked them to exit their roles and leave the stage.

5. Feedback from the narrator

I asked Basim if the scene was similar to his story. He agreed that it was. I asked if anything was not quite right or unclear that we could correct and redo. He said it was fine and there was no need to repeat it. I asked if he wanted it done again and he said no, everything had been very well presented. I explained to him and to others that there was the possibility of «transformation» in playback theatre, that Basim could change individual elements of the occurrence so as to change the outcome to one he would have desired. Basim said he would like to see other customers support the older man.

6. Transformation

The scene was repeated. Players now had the opportunity to choose to assist the «victim» and support «Basim».

7. Production

The scene developed differently than expected, the «assailant in the suit» was even more aggressive and intimidated the others.

Basim once again described the outcome he desired. The scene was played again. This time, the «attacker» broke out of his role and was helpful and friendly. The «cashier» remained in her role and reproached the three men.

I suggested repeating the scene again but this time without

language. The proposal was accepted. In the non-verbal performance, the participants faced the «attacker» and stood between him and the victim. The «attacker» hastily left the supermarket. The «cashier» curse softly to herself.

8. Feedback to the narrator

The actors who helped reported that they no longer felt as powerless as before. Basim was relieved that the third attempt to change the outcome of the story was successful. He had feared that the story was «immutable.» The participants said that it helped a lot not having to speak and they were able to observe their feelings better. Basim thanked the actors, who now shook off their roles and left the stage. We formed a circle and all participants thanked Basim for his story. Participation has moved them a lot and they were amazed at how immersed they had become in the story and what an effect it had had on them. One of the new participants said very quietly 'That was acting but it seemed quite real.'

9. Sharing

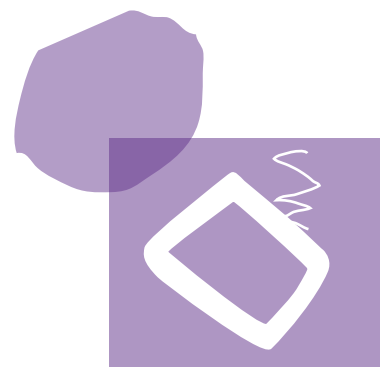
We left the room and sat back down at the table. The conversation between the men revolved around their fear of violence against refugees in Germany. One asked: 'If the Germans are so aggressive to each other, how aggressive could they be to refugees and strangers? So in the final round we were not talking about war, torture and flight, but about the refugees' fear of violence in Germany. Aktif finished saying that it was nice to be in such a warm-hearted group and that he felt safe and understood here.

I felt very moved. The detailed psychoeducation had apparently made it clear to the participants that we were not playing children's' games, but that the method could actually help them. They had suggested acting out the event, so they apparently had less fear of contact and less fear of doing something wrong. Apparently it was helpful for everyone to feel that I was there for him, even if they did not always come. I felt this session was a breakthrough. Encouraged to make suggestions themselves, one of them asked to play something more amusing next time.

Methods applied during the creative therapeutic work

- 9 Circle games with balls or clapping (body percussion), to activate both halves of the brain, to reduce and calm the brain waves; promote the union of participants in the group, basis for community experience
- 9 Walking the room on imagined various surfaces (grass, moss, forest soil, sand, mud, water, ocean, beach, grass) and in various weather conditions (warm spring morning, light breeze, rain, gale, thunderstorm, blizzard, spring sun and thawing snow, summer day) or surroundings (meadow, forest, mountains, plateau, scree, valley, desert, sea)
- 9 These exercises are designed to activate the imagination as a resource and coping strategy, as well as to encourage one's body to be in contact with it, and to support the bodily expression
- 9 Imagination Exercise «Safe Place»
- 9 Painting, or constructing within the room your own imaginary «safe place»; painting is helpful, as it is not restricted by material/props available, the picture can be taken home, hung in the room or viewed again and again
- 9 Body expression as statues, non-moving images, which can also begin to flow and move
- 9 Sharing of experiences and thoughts by use of playback theatre

- 9 Painting a tree (tree of life), in order to present and share one's own biography, resources (roots, leaves, position), neglected or dead parts (remove or revitalize?), broaden perspectives: where and how will the tree grow in the next 2, 5 or 10 years?
- 9 Apply BASIC PH (Beliefs, Affects, Social, Imagination, Cognitive, Physical) for example by cooking together: I do something for the community. I experience joy, vision, smell, taste good things. I cook with others and we become more than the sum of our parts. I think about what we can cook, how we can decorate the table, which music goes with the food ... I choose a recipe and create a list of ingredients, with the others we plan what to buy, who does which task, timing. I am aware of my body, I smell, taste, feel when cooking and eating. OR: apply BASIC PH by building together a pavilion as a place of companionableness and the meeting (before, during, after the session) possibly with a fireplace, by joint building of furniture or sculptures from old materials (up-cycling).





1. Where

Group 1 : Saint Nazaire (44 – Loire Atlantique), France

*CADA (Centre d'accueil de demandeurs d'asile)
"Les Eaux Vives": center for refugee asylum seekers of the NGO

Les Eaux Vives: persons are living in appartements all over the city; the sessions took place in a space dedicated to local NGO's

13 sessions of 2 hours, 2 sessions per week (September- October 2017)

A social worker from the CADA was present on the first session only.

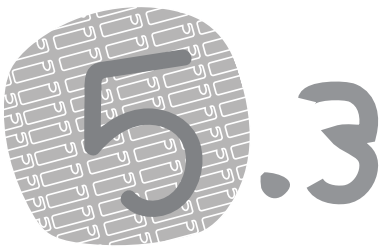
Group 2 : Broux-sur-Chantereine (77 – Seine et Marne), France

CADA (Centre d'accueil de demandeurs d'asile)
"CADA PSTI Nord": center for refugee asylum seekers of the NGO PSTI; the sessions took place in the CADA

13 sessions of 2 hours, 2 sessions per week (October - December 2017)

1 or 2 volunteers were present at each session

**"CADA" – Centers of temporary housing; those centers are opened to asylum seekers in the procedure with the OFPRA. They are managed by civil sector organisations and provide social support and housing. It is the OFII that proposes places in CADA.*



**Compagnie
Arti-Zanat'**
France
case study

2. Population

Asylum seekers; adults (6+6)

Group 1, September – October 2017: men only

Group 2, October – December 2017: mixed (with a presence of a baby-child)

3. Goals:

The principal goal of the sessions was to allow to the participants to express their emotions by creating a symbolic form through drama-therapy (process of “dramatic figures”.)

4. Intervention description

1) Defining the space: clear delimitation between de fictional space and the space of the reality

When participants access the session venue, the room is prepared: two lines of chairs facing each other. The chairs are delimitating a bi-frontal space. This is the stage.

The participants take seats on the chairs and I propose to get to know each other. Each person introduces herself in a way he/she chooses. I ask them only their name and the languages they speak. In this way, I know which languages participants use and how the persons could help one another in translating as some persons do not speak neither French nor English. I also ask them if they play an instrument, sing, dance, or have some other artistic practice. It is a way for me to imagine different ways in order for each person to access the drama-therapy process.

- Description of the space setting

I explain that the space is delimited by the two ranges of chairs facing each other, and by adhesive tape on the floor on the sides. The entry and exit of this symbolical space are on the sides (where the scotch is: participants cannot enter the stage space directly from the chair, they have to get out of it in order to get in).

In this bi-frontal space, the actor does not anymore face the public: he is between the spectators who also have a "support" function to the stage space. In addition, the look is not frontal and the actor has the possibility to feel that plural look without necessarily affronting it.

In this configuration, during the workshops, the actor does not enter the stage facing the public. He is among the spectators. The spectators-participants have the function of support to the symbolic space. When I intervene in order to guide the workshop, I put attention on the actors that are on stage but also on the participants' spectators (on the chairs) as they are also active and participating to the work. In this way, at each moment of the workshop, all the participants are participating in the ongoing process.

For me it is very important to precise to the participants that everything that happens on the stage space is fiction/ theatre and that each person can leave this space whenever he wants.

- The possible use of music

I often use percussions (small instruments and/or djembe). They are in the space and can be used, or not, in a process as I will explain later on.

2) Non-verbal encounters ("meetings" of two persons without using words)

The encounters and the non-verbal language

Often, the first exercise that I propose is what I call "non-verbal encounters": in couples, persons enter the scenic space on the opposite sides. The idea is to take time to look at the other person without looking her in the eyes and to try to meet the other without using language (verbal or signed). It can be possible to touch the other but not with the palm of the hand. It is a way to introduce my work proposal: to put into relation the body, the physical sensations felt at this very moment with the emotions felt at that moment. What does it mean to look at someone else and to be looked at? To what point I allow myself to approach the other person in order to get in contact with her? To what point is it possible, regarding different cultures? Is it pleasant, or not? I introduce this exercise in a progressive way: at first, I propose only to look one to another, explore how the body is in movement and what the feelings are at this specific situation. How can we play with what we feel, having in mind that we can get out of the stage space whenever we want?

Musical explorations in group – using the rhythm as support to the scenic space

The music can intervene in this exercise in order to support the scene that is taking place in the stage space. If during an encounter of two persons on stage I feel that the two actors begin to play with their emotions, I sometime propose to one or several other persons to rhythmically support the dramatic situation that is taking place. The music

nourish itself by what is going on the stage, and the actors nourish themselves by the music. At this point, each actor-participant is at the same time working in relation to his emotions, in relation to his partner and in relation to the rhythm. The music emerges as a response to the situation that is happening on the stage. This way, we are not anymore in a dual but a tripartite relation.

3) Encounters in mother tongue languages (the language is used as sound material: those are also "non-verbal" encounters as the participants don't understand each other)

Later on during the work, using the same principle of the encounters two by two, I propose a very simple and concrete situation to play. Each person comes on the stage and claims that space as being its own (this proposal seems interesting as it can be an evocation, in an indirect way, of the situation of the persons in exile). The instruction is that each person speaks its own language or in another language that his partner does not understand. The situation is concrete enough so to not to have to speak the same language in order to understand each other. The aim is not to use the sense of the language but to use the language as sound and rhythmic material emerging from the body and in relation to the emotions.

During this work in couples, other participants can propose a musical/ rhythmic resonance to it by playing percussions that are present in the space in order to support what is going on the stage. In those moments, I can intervene, if necessary, to propose musical modulations to persons playing music.

4) Creating a narrative: a) through a story told by a therapist; b) through images projected on the wall ; c) through materials proposed by the participants

In drama therapy workshops, I can proceed in different manners:

A) Using a narrative as support

I can propose a story that will become our support to play, to go through imagination. Generally, I present an already re-written story in which characters are possible "dramatic figures". Dramatic figures do not have anterior story, they exist only in the present, in a precise moment of the story. The dramatic figures emerge through the actor's projections on the characters. They are a result of the encounter between the characters and the actor's projections on them.

For example, if we work on the myth of the Minotaur, I will choose a precise moment of the story, the encounter between Theseus and the Minotaur. The idea is not to tell the story of the myth but to use it as a "projection screen".

Here is an example of the narrative I can propose to the group:

"Somewhere in Greece, on an island, lives the Minotaur. Half-men, half-bull, he always lived cooped up in a labyrinth. Nobody ever saw him, but everybody describes him as a sanguinary monster. Our story starts at the moment where Theseus enters the labyrinth to affront the Minotaur."

This narrative acts as an opposite and complementary mirror:

I) Theseus enters the labyrinth alone, searching for a monster that could kill him; II) the monster is alone in a labyrinth from which he cannot get out physically, or because the others see him as monstrous.

In drama-therapy sessions with people facing exile, both of the situations can make appeal to their situation in a very different manner:

Choosing Theseus is choosing the one who decides to affront the unknown and who enters the labyrinth alone, risking his own life.

Choosing the Minotaur, is choosing the one who is alone, facing the unknown that wants to kill him. And what are the Minotaur's intentions about Theseus?

The way in which each person will project herself in the dramatic figure and in the encounter with the other figure will be the basis of my drama-therapist work.

During the entire creative process, I leave the narrative open for the possible resonances of each person with her own life situation, her cultural and personal references, becoming material that nourishes our narrative.

B) Projection of images (images chosen by the therapist can be in a relation to a narrative or not)

I choose images showing one or two persons in different positions that can evoke different emotional states. The images can be photos or paintings.

I first project the images on the wall. I ask each of the participants to choose an image who appeals or questions him/her. I then propose to each person to come and take the identic position as the one of the figure on the image. Once that the person took the position, I ask the person to explore the feelings that come out in this position and to explore how this position can modify, or not, their emotional state: how does it feel like? What are the emotions felt in the position?

I then ask the person to imagine what has happened before the figure took that position and in what emotional state the figure is when she takes this position.

From that point, I ask the person to imagine what has happened after the figure took the position and to propose a dramatic situation, alone or with a partner. I precise that everyone can play in the language of his/her choice. It is always interesting for participants to travel through different languages and namely their mother tongue. The work with different languages seems very important for me because the emotions will not be the same depending on the language we speak (mother tongue, language of the country persons arrived in their path of exile, other spoken language, non-verbal language). The mother tongue permits to express profound emotions.

I can also use images in a work with a narrative: in this case, participants choose the position in relation to the dramatic figure they have chosen and the emotional state will be the one of the dramatic figure.

*Example of work with images as support
for a theatrical situation*

The female participant has chosen an image where we see a woman alone in a bar, approached by an older man.

In this image, this female participant sees her father: she explains that the woman on the image is alone and sad, that she needs attention. The man beside her is her father who never took care of her. (From my point of view, the image evoked more an impression of a man approaching a woman but she did not see this.)

Through the situation she proposed, I tried to work around her relation to the absent father. We played scenes of disputes, and of her making reproaches to the father.

I then proposed a situation where another man tries to pick her up while she does not want this.

We then played this scene in which the figure of the "father" came to resolve the situation : he defended her and took his place of "the father" (it was a social worker from the CADA who played the "father")

This permitted to work on the participant's relationship to her father: the father who is not there, the issue of a man who wants to have relations with her while this is not what her needs are.

The female participant that had chosen the image of the man and a woman in the bar ended the process by singing a song speaking about "neglected Africa": as if through the issue of the lack and the absence of the father, she also spoke about the exile in an indirect way

As if the exile could reactivate other, anterior, sufferings or ruptures (in this case: the absent father, the need to construct a new relation to the father, the need of attention). Those situations can make appeal to the situation of exile as this female participant did it with the song about neglected Africa.



C) Participants proposing situations or materials

I can also ask the participants if they want to work around specific themes or situations, or if they want to propose a tale or a song.

A young participant ("Mady") that was not speaking French and spoke very poor English proposed a situation that he lived some time before. The situation was: he is on the street, sitting down, thirsty. He approaches a man who is drinking a bottle of water and asks him to give him some. The person refuses, drinks it all then throws it to him. A few minutes later, the same person passes by again. While taking his phone from his pocket, his wallet falls down. The participant picks him up. The man is surprised, he checks if everything is there and then proposes some money to Mady. Mady refuses and goes away.

We worked about this session in different sequences:

- ⑨ At first, I asked Mady the role he wants to play. First, he plays his own role, me playing the role of the "rich man" (as he calls him) and another participant is playing a friend of him who came to share some food with him. Mady says to each of us what we have to do.
- ⑨ I propose that we play without words, Mady accepts.
- ⑨ We play the scene, and I then propose to Mady to change the roles. He chooses the "rich man", and I will play the "poor man".
- ⑨ We work on this situation during several sessions, and the form of it changed as we progressed.
- ⑨ Mady continues to play the "rich man" and another participant proposes to play music during the scene, as a response to what is happening on stage. Mady accepts and tells him what kind of music he imagines.
- ⑨ At one of the following sessions, it is Mady who proposes a song from his country, speaking about a break of a love relationship, the loss of the beloved one. He wants the "rich man" to sing this song when he stands "sad and alone, with his money"

While working with Mady on his proposal, my aim was not to recreate the situation as it was but to support a process of giving an artistic form to this personal story. I have the impression that the choice of the role he was going to play, playing it without words, the music played in relation to what is going on stage as well as the song he proposed, were all contributing to the process of symbolisation of his feelings.

In my drama-therapist work I never ask participants to share their life stories. However, if a participant proposes a situation that he lived, I always consider it as a proposal for a theatre sequence and I work about giving to this situation (material) a (artistic) form.

My place of the therapist in the creative drama-therapy process

During the process, I am leading the workshop but I participate also. I am in and out at the same time. In order to make a difference between those two different positions, I put on a hat when I am playing and I put it off when I am again in the position of the drama-therapist.

In this way, I support the participants in two manners:

D) From the outside : on the edge of the symbolic space, I propose the frame of the sessions and I give indications during work

E) As a partner on the stage: I intervene essentially if I feel that a person is facing difficulties to find a link with her emotions; I can then try to induce a direction or simply help, by playing with them, the participants to feel free to play with their body (physical sensations) and their emotions.

Participating within the process itself seems important with persons facing exile. My social role and my nationality make of me a representative of the society they now live in. Having a double posture also permits to question the social roles that each one is playing and to try to invent other, different, relations in the frame of the workshop.

Persons participating in the process are not anymore only asylum seekers waiting for the response but actors, partners of a symbolic construction that is blooming.

5. Outcomes

What was positive, best practices :

- ✿ Having as a starting point a dramatic figure (issued from a narrative, an image or a song = pre-existing artistic forms and figures) allows to the participants to contextualise a personal feeling
- ✿ The support of the group to the individual proposals was very important as it permitted to create a collective piece (but also a symbolic "community" for those persons having left behind their community)
- ✿ "Peer to peer" relationship to the participants (sharing of knowledge, experiences, inter-cultural sharing)
- ✿ Work in different languages, namely non-verbal languages

What didn't work:

Working without using a pre-existing form (narrative, image, theatrical form, music, song) does not allow to operate an imaginary or form shift in relation to the reality: when I didn't propose a pre-existing form, each participant was referring only to his/her present situation, his/her loneliness.

How we managed – what we learned from what didn't work / How we used therapeutically what didn't work:

I let the session go even though the proposal "did not work". I realised then that even though the situation of persons I am working with is difficult, it was interesting to try to express it but only by using the necessary distance. It is a dramatic figure, a story, an image, a song that permits this distanciation.

It appeared that the support of the group to the individual going through this process is also very important.

The idea of constructing a collective piece from the individual creative proposals and with the support of the group emerged.

6. Conclusions

What was useful:

- ✿ working in groups seems appropriate; people facing exile often feel isolated: working in groups permits to meet other people
- ✿ encourage interaction between participants; the group is a support for the individual participant
- ✿ co-construction: from the beginning to the end of the creative therapy process, the co-construction with the participants seems essential: defining with them what their needs and expectations of the process are and make proposals according to this; during the sessions: let the proposals come from the participants (topics, form, contents: songs, stories, music); discuss together the form that we are creating as a group
- ✿ the use of non-verbal languages and of the mother-tongue: music, dance, are important part of each culture: the use of materials brought by the participants enables them to connect with their culture, as well as the use of the mother tongue, and to connect to some profound emotions
- ✿ having a referent person from the partner organisation engaged in the process who makes the "bridge" between the therapist, the participants and the partner organization: it is very important to have one or two referent persons that are participating to the whole project
- ✿ the supervision peer-to-peer process

What we learned:

- ✿ the importance of being in an "peer to peer" relationship with the participants in terms of intercultural exchange: the idea of sharing together

- 9 the creative proposals of the therapist need to be sufficiently opened in order for the participants to have the space to propose on their turn in this frame; the aim being a co-constructed creative process
- 9 in the situation of exile, each one is facing his own personal history, reactivated and emphasised by the exile process: the traumatic situations of exile can also wake-up trauma previous to exile, during childhood for example: it seems interesting in drama-therapy to address those past traumas (before exile), that will also address the current, difficult, situation of the persons.
- 9 the group is important; it can act as a support to the individual therapy process (the group will support individual proposals by playing theatre together, playing music, etc.)
- 9 it is interesting to offer to the persons the possibility to work in the language of their choice
- 9 using verbal and non-verbal languages (music, dance, body language, invented language)

How we interacted with users:

- 9 "peer to peer" communication;
- 9 different spoken languages used (French, English, and participants translating one to the others for other languages) and non-verbal language.

What could be improved and how:

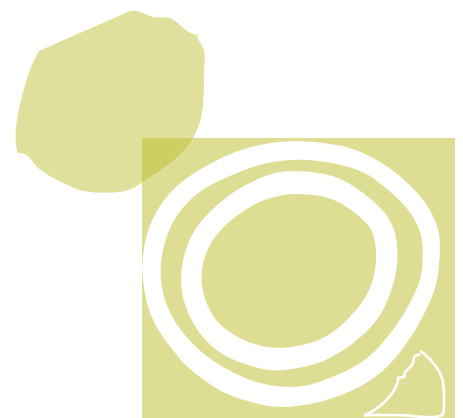
- 9 Longer therapeutic experiences that the CREATE one would permit a more profound elaboration of the creative/therapeutic processes;
- 9 The relationship with partner organizations is very important namely in the process of recruitment and delivery; the importance of the "referent" for the group during the whole process;
- 9 Personally, I would suggest collaboration with other therapists from different domains in order to enrich the approaches, points of view, proposals...

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Where

The workshop took place every Thursday morning from 10.00 to 12.00 a.m.

at Giardino di Madre Teresa. It is a kindergarden situated in the historical centre of the town.

<https://www.facebook.com/pages/Il-Giardino-di-Madre-Teresa/52008629469252>. It hosts mostly children from migrant origin and it is attended by European volunteers to look after children. For these reasons there is a nice intercultural atmosphere.

The area is mostly populated by migrants and disadvantaged local people.

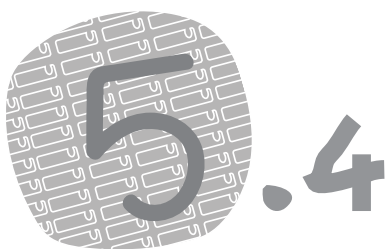
The centre is private and it survives thanks to donations.

The responsible and contact person was always very available to host us and collaborate with us, especially to live the space quite tidy for the day of our workshop.

The venue where the workshop took place was a big room full of toys and bags of donations stored next to the walls. The floor was wood made.

The size of the room was approximately 20 square meters.

There was a door that could be closed during the session to isolate participants.



CESIE

Italy case study

The target group

*During all the period of IO2,
two groups were engaged.*

The first group:

- Around ten women with children. Children were hosted in the room next door while the mothers were

doing the workshop. Most of women were pregnant. Most of them were living in city centre, some of them were coming from hosting centres for asylum seekers. Seven women came from different African countries and three of them came from the Balkan Region.

We could meet this group just for four sessions because participants were not motivated to come since they were busy with more urgent issues (pregnancy, many children to look after, illness) and apparently there were rivalries between different ethnic groups...

During each session just one or two participants used to attend.

Because of the difficulties and the absences, we decided to focus on another group.

- The second group:

We engaged young boys and girls living in hosting centres and with no children. The recruitment took over a month to create a new group.

The group was composed by one boy and four girls who were attending every session plus three girls and two boys coming from time to time.

Those who were attending all the sessions were very motivated.

Goals

The main goal of the workshops with both groups was to give people a space to express freely in a protected environment, to encourage them to express their emotions through movement and to share them with the others. Moreover, to embody an empathic approach towards the others.

Intervention description

The method used was Dance Movement Therapy so the work was focused on expressing and communicating through movement and non-verbal communication. We also used many drawings to help elaborating at the end of each session.

The first phase of the interventions was to build the group, or rather to encourage group dynamics. This was done with both groups: with the first one there was not a development after that but with the second one this preliminary phase was essential in order to put the basis for the therapeutical process.

The group dynamics were encouraged at different levels of interaction among participants:

- ✿ one to one
- ✿ one to the rest of the group
- ✿ small groups
- ✿ all participants together.

This phase was important to settle the rules of the group. It was done through a participatory approach so that all participants were responsible to propose and respect the rules.

During this phase we took time not only to get to know each other but also to get familiar with the room where we were hosted.

During a central phase of the process, the activities were focused on encouraging a better self-awareness of their own body and how this can relate with the environment around.

By the end of the process, participants were encouraged to find an intentional push towards the others and the environment.

Moreover, the capacity to raise their own creativity was supported in order to generate new ideas, solutions, to structure simple choreographies.

Activities

- Management of the space: At the beginning of the process the activities were mainly proposed keeping the circle. Indeed, it is a form that contains people because there is not an open exit, it protects. It was fundamental for the creation of the group where participants needed to feel comfortable and contained in a secure space and also to feel that everybody is equal. During the process the activities developed as well as the forms of the space in the group: lines, serpentines, open circles, semicircles to allow the group itself and each participant to open up towards new possibilities, new creative aspects.
- The empathy: many activities were based on mirroring each other in order to empower the empathic skills. There were done at different levels: one to one but also one to the group to give the responsibility and leadership to each participant. Moreover, they were asked to draw their body shape and to update it with colours, writings, to feedback at the end of the session. It was an important occasion for participants to self-reflect.
- Concept of stability: this is a relevant topic raised during the process, especially by the end. Even if participants had very unstable lives, the workshop became a place to find stability. We treated this topic during the activities. Karim was a young boy from Guinea Bissau. He had arrived to Sicily since very few months. He couldn't speak Italian. Nevertheless, communicating with him was never difficult because he was extremely involved in the workshop. He loved to do the activity "the tree and the wind", where he was playing the tree.
- This activity consists in one person standing and grounding through breath while the other/s are moving around trying to let the person in the middle lose its stability. The person in the middle has to try his best to remain stable.

Outcomes



Aspects to be improved

With the first group of women we couldn't develop a therapeutic process. The reasons why the group didn't process were several: women couldn't attend the meeting because of many reasons related to the children care (most of them had three or four children); they had very unstable job; some of them didn't allow themselves to take time for pleasure and for taking care of children or for working. Moreover, there was the issue of rivalry between them.

Our perspective was to integrate the workshop of the mothers with the playing activities of their children because we believe in the potential of such an interaction between mother and children together so we believe in the future we will focus to potentiate this aspect. Nevertheless, it was much easier to involve young boys and girls who were hosted in centre for asylum seekers and had just arrived to Sicily. They were happy to participate because they were not busy with any activities, they were rather living their days waiting for something to do. Since they were new in the city, they were willing to be integrated, to get to know new services and facilities in the city.





Conclusions



When the workshop came to the end, participants who wanted, took part in another workshop on going with the same target group. This allowed them to continue their therapeutic process and also to know new young people like them.

What was learned from this experience is something that seems quite obvious but it is so easy to say that it becomes so difficult to put in place! We learned to relativize each of our habits, beliefs, rules and to remember that they represent just a point of view; working with people from other cultures means opening up to understand other codes, observing and respecting them without neither judging or identifying yourself.

The concepts of Space and Time are two of the most evident examples. Different cultures have different ideas regarding being punctual, being close to each other, conceive or not any physical contact...

Managing the conflicts inside the group was challenging because they were to be contextualized starting from the social context where participants come from.

Moreover, the most interesting challenge was to learn that even mental illness is deeply subject to cultural factors and that there so many different ways to categorize it according to different cultural background and religious beliefs.

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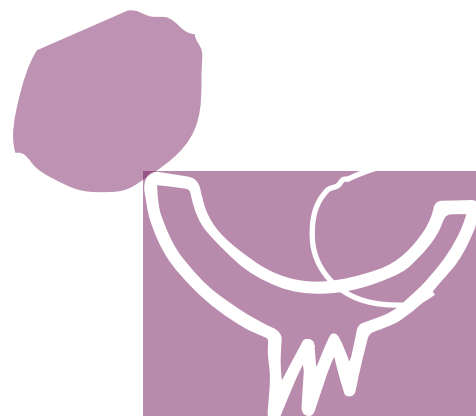
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Just waiting: empty hours, precarious dreams and smartphones

Our activities took place in First reception accommodation Centres in Assisi, Perugia held by Caritas Italiana, a non profit association. Hosts receive housing and meals in these Centres, they have Italian language courses in the morning and pocket money (€ 2.50 per day). They remain in the Centre while waiting for Territorial commission decision about their asylum request. During this waiting time, the law forbid them to work and also their ability to go around is reduced because they don't have a permit to stay. Bureaucracy and the huge number of asylum seekers in Italy make this transition time last one or two years.

The accommodation centre becomes a community of people forced to live and wait together for many long months. The assignment is random, so people come from different countries and speak different languages. There is a gender division, and we could work with a group of men only and then with another one of women only.

In both cases, we had people coming from different African countries, in Italy since more or less one year.

Our sessions took place in rooms provided by the accommodation Centre (the stage of a theatre and a chapel) on Wednesday afternoon and lasted two hours.

Simone Donnari had 5 facilitators to help him with translation in English and French, session development and taking eventually care of the children when present.



*Associazione
Sementera Onlus
Italy case study*

We had 8 sessions of two hours with the men group, from July to October 2017, and 11 sessions of two hours with the women's group, from November 2017 to January 2018.

The age range was 18-35 years old in both groups.

Goals

The main goals for both groups were to help people to overcome linguistic barriers, to encourage communication, to help them to socialize and to re-elaborate traumatic experiences in a safe environment.

We wanted to offer them a place where they could feel welcome and that would make them feel they could, if they wanted to, talk about themselves, their story, share their cultural background.



Intervention description

The intervention was based on Art Therapy and we also used music, dance and technological media.

The beginning of the session was non-verbal. The therapist and the facilitators arrived earlier and lay the setting with musical instruments and drawing materials.

Every session had the same structure.

People were sitting in circle, on the floor when it was comfortable or in chairs.

1. We proposed first to make spontaneous drawings with a musical background asking "silence of the words". We used oil pastels and plain A4 paper. During the first sessions we used our music on the background, then we asked the participants to share the music of their country connecting their mobile phones to the sound system. It proved a very powerful way of sharing an important part of their identity, and every participant in turn connected his/her own phone.

2. Then we proposed to make spontaneous music with small instruments. During the music making instruments were exchanged between the participants.

3. From spontaneous music we shifted to group spontaneous dances. It was very powerful to build the group, especially the women only group was so happy and grateful for the opportunity of having a time for spontaneous dance.



4. Afterwards we proposed to work in group on images shared by participants. We received photos of landscapes, relatives, towns and villages. Our technological tools gave the participants the possibility of seeing themselves immersed in the image they gave us. It was very powerful, it facilitated starting to talk about themselves, their country of origin, their traditions and habits. It was very interesting for the therapist and also for the other participants from different countries: they asked many questions and we had the feeling that this might help them to get to know each other better.

5. Finally we ended the session with video restitution by showing a video shot during the session. It was very moving for them to see themselves "inside" their drawings, watching the final video worked like a ritual of separation and ending of the session.

Outcomes

Music opens up a communication channel. Sharing music from the smartphones was a chance they appreciate very much, they felt very proud of letting everybody listen to their own music. From the symbolical point of view it also represented an opening up. Every refugee we met uses the smartphone a lot. It is the medium to remain connected with their relatives, they can listen alone to their music, they can watch images and videos from their country. At the beginning many of them were checking their phones also during the session. When Simone Donnari suggested to use the smartphones to share music and images with the group, in a safe and respectful environment, they were happy to do that, we had to make them take turns in sharing the music.



It was a great opportunity to have musical backgrounds from different cultures while we were drawing.

From the drawings many issues surfaced. Many drawings were related to their identity, like flags and maps of their countries, but also simple tools of everyday use: spoons, vases, music instruments, food were painted, often with the Italian name aside, to testify a willingness of learning a new language and be part of a new community.

Homesickness, feeling lost while waiting for their audition were also strong elements surfacing non verbally.

Making spontaneous music and dancing were great tools to build up the group, getting to communicate deeper and get to trust each other. We felt that also many prejudices about Italian people could be abandoned when there was a chance to dance and play music together.

The group was enthusiast of making music and dance, especially women expressed a lot of gratitude for this opportunity.

Sharing images and talk about themselves made people remember, talk about their country, tell the group about their relatives and family.

What didn't work

With the men's group, we created a dedicated WhatsApp Group for sharing images to be used during the sessions. We received many images and it seemed very good to have a connection with a technological tool that is widely used in their everyday life. However a WhatsApp group exposes the private telephone number of therapist and facilitators, and three female facilitators were contacted for private chat. We had an intervision about it and also a supervision with our partner Adele Spears from Sola Arts. We decided to give no answer privately, only in the group chat and concluded that using a WhatsApp.

Group we were not able to protect therapist and facilitators privacy and their role in the setting.

Private contacts were actually very respectful and showed us the deep need of having more connections in real life, particularly with Italian people. They told us how often they feel that Italian people do not even look at them and seem scared by them.

We understood that the sessions were an opportunity for them to stay with caring Italian people and also an experience capable of reconsider their own prejudices against Italians.

We used the images they sent projecting them on the wall and showing the sender "immersed in the image". As you can see from the screenshot the two men talk about the background image of a man in an orange sport suit. In the background of the photo there is the village in Guinea and the house where the entire village sleep. The group was focused and interested, many questions were asked. The use of images is a great help in overcoming the fears of talking about themselves.

There were huge difficulties and fears in sharing traumatic past experiences often experienced like taboos.

We experienced sudden and unexpected emotional and affective openings whenever we were able to overcome the existing barriers.

The WhatsApp experience highlighted the client's need of socializing with Italian people and also the need of protecting the setting and the therapists. We were forced to accept a setting which was very flexible in comparison to what happens with other clients, especially we had to be very flexible about scheduling, allowing the sessions to start and finish late.

We felt a different approach toward time management and extreme difficulties in being on time.

When we interacted verbally, we found out that often they avoid to talk about personal and relational difficulties and talk instead about difficulties in finding job and other primary needs. The writing in the image below says in bad Italian

"I want a job".

The experience with the group of men was heavily influenced by the apparently endless waiting for the audition at the Commission. When we met them they have been in Italy for 1 year just waiting, and we assisted to their progressive increase in feeling hopeless, demotivated and depressed by inactivity and being far away from their relatives and their countries.

It was very painful for us just watching them being less and less interested in everything we proposed, and see their general increasing apathy.

Finally they didn't show up and we had to accept that our experience with their group was finished.

Women appeared to face the same problems with an open attitude toward communication and sharing, and we found a warm welcome and the possibility of working constantly with them.

LA VOR





D: a case.

D is a young man from Senegal, he had to leave his country to survive. He didn't tell us much about his past, but since the beginning of our meetings he was curious, open, and helped us in translating what we said, making sure that everyone could understand.

In the WhatsApp Group he shared many photos: from Senegal, his friends, his relatives, music and people, also trying to add written descriptions.

He always made very careful drawings with his name on and objects from his Country, as a way to introduce himself and try to develop a relationship with the therapist and facilitators.

Slowly he developed trust and was able to express his ideas verbally and non-verbally in the setting.

He spoke about the feeling of prejudice from Italian people, the experiences of receiving angry looks, and since he was studying Italian, he was able to understand what the media (especially) told about migrants.

During one of the last sessions we proposed a collage from magazines. He produced a collage with images about protests against migrants in the streets. Politicians seem ineffective and there is a satirical vignette about the Italian Expo dedicated to food and the experience of food (lack) in Africa.

The collage is a strong representation of what a migrant understands as being part of big picture related to economy, where his own difficulties and hopes seem of little importance.

D. proved to be a resourceful young man, willing to learn and understand. He didn't participate to the last session because he received as a prize a job training for becoming a "pizzaiolo".

He was very proud, but his capability of understanding his present situation made it even more painful.

The long and empty waiting time in a foreign country slowly seems to destroy hopes and increases fears and apathy.



What could be improved and how

Considering the empty hours, migrants face while waiting for Territorial commission it would be great to have more resources and propose two sessions per week.

The group dimension was very important, also considering that they need help because they are forced to live together for months. It could be very helpful however to have also personal space of

individual activities, to have a more effective impact in the way everyone face past and present painful situations.

A creative approach is able to overcome linguistic and cultural barriers and could be used to let Italian people become aware of what refugees experience and feel, overcoming prejudices and promoting integration.

Conclusions

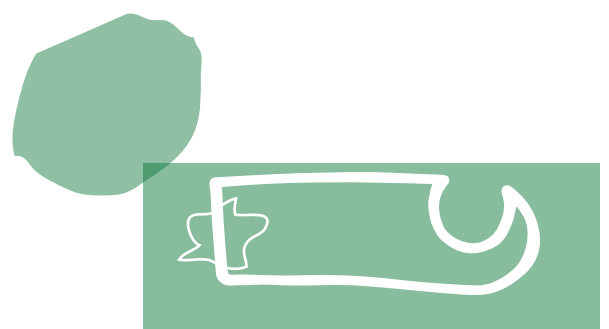
The use of non-verbal methods (drawings, music) and the use of technology (smartphones, software, video cameras) are powerful tools for overcoming linguistic barriers, prejudice and fears. We had a deep experience of sharing and the opportunity of knowing more about men and women we had the chance to meet.

We believe that sharing at a profound level is the key to find out personal creative resources to face difficult times and promote integration. Ideally, it would be interesting to arrange a follow-up with the clients to assess the impact of the sessions but it is not possible: they are not anymore where we met them and we don't know where they live now.

Facilitators and Co-therapists involved in the project: Elisabetta Cittadini, Maria Madeo, Philippa Stannard, Roberto Azzacconi, Claudia Richieri, Klara Butkoczi.

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Demographics Institution



DEMOGRAPHICS
INSTITUTION

Grassroots Community Arts Centre

Location

Rural Irish coastal town population ~5,000

Setting

Privately owned Asylum Seeker Accommodation Centre in ex-hostel; capacity 110 persons. Regulated and inspected by state agency responsible for Reception and Integration (RIA)

Population

Asylum seekers in family based accommodation centre with capacity of 110 - Creative Therapy Programme offered to Adult Females - 18 years+

Goals

To evaluate the feasibility and potential effectiveness of the creative therapies programme utilising Art Therapy, tailored to participant identified needs and goals.



Clonakilty
Community
Arts Centre

Ireland case study

INTERVENTION

Description

Following focus groups interviews in early 2017 with 11 migrants, it became apparent that participants would prefer to have the Creative Therapy Pilot sessions in Accommodation centres.

Barriers identified by focus Groups but most can be easily overcome...

Most barriers relate to accessibility and professionalism, easily overcome for the most part with careful planning and strategy.

- 9 Not being close to people's homes : easily solved for asylum seekers with programs in the centres and hostels, and for other migrants by utilising community centres in residential areas and staying out of city centre.
- 9 Being too costly : there is a clear perception that any kind of therapeutic support in Ireland is hugely costly and therefore inaccessible for many migrants, keeping entry costs to a minimum overcomes this barrier for most, free access would have to be provided for asylum seekers.
- 9 Not being professional-led : the need for a professional leader was quite strong and held by consensus, many feel the service would not hold any value or use without this.
- 9 Being restricted to one time in the week : the time at which people would want to engage differs from person to person and the general feeling is that flexibility is the only way to overcome this, e.g. a timetable of sessions throughout the week, and being able to go to different locations.

Several informal introductory sessions were organised through a local asylum and refugee support group, in an inter-denominational family resource centre. Data was collated from a series of two-hour group art therapy sessions between June

- December 2017 (see I02). 12 follow-on sessions were also added over the winter to further explore issues which had arisen. In the spring a further 8 sessions were held to assess ongoing client interest and project sustainability.

Participants were referred by the accommodation centre management. Comprising of adult females, 8+ participants took part in pilot Group 1. More participants joined the drop-in sessions over the winter. The core group remained fairly stable thereafter.

The cultural backgrounds of participants spanned Africa, Asia and the Middle East. Most had arrived within the last 3 years, many in the past year. Some had travelled via other countries in Europe, Asia, Africa and the Middle East. All had arrived via airports where some travel documents were confiscated and held within the Department of Immigration.

All participants were experiencing various (mental health) difficulties during their stay in the direct provision system. A number were attending hospital consultants, specialist services and others attended their GP. The Health Services Community worker was on leave during the summer. The family and children social worker was also away during the summer and in the autumn attended the accommodation centre two sessions per week.

The Creative Therapy programme was facilitated by an art therapist utilising a co-production model. The manageress of the centre assisted in organising a consistent available clean space, recruiting participants and in communications between sessions. All participants were pre-assessed for suitability and were offered assistance with completing the pre-assessment form including a consent form to sign and return and they were encouraged to develop their own goals.

Participants attending other therapeutic services were asked to consult with their healthcare professional before starting the programme.

After the pilot programme was completed participants were invited to complete a post- evaluation session and a survey form. They were also asked to complete a permission form for artwork to be shared in the project, if appropriate, and were given the option of taking their artwork folders and 3D work away with them. Most were happy to take their artwork away. Most expressed concerns about their artwork being shared with unknown people. To honour this request, participant's private artwork from closed sessions will not be shared.

However sketches/writings from the drop-in sessions were permitted to be shared with the understanding that images may be forwarded to those people/services who may be able to advance their main concerns in relation to housing and childcare. (These pieces were used to demonstrate to service personnel where the perceived gaps in mentioned services were.)

A follow-up short-term programme for self-efficacy was organised to enhance sustainability of the therapeutic process. This developed into a Creative Salon for the women, by the women with sharing of experiences, skills and advice. Participants from Asia, Middle East and Africa shared their skills in a relaxed setting including refreshments. This group chose to meet in a secluded women-only room after a husband voiced concerns.

METHODS

«Through trying out different ways of working with clients and experimenting with different media and methods, the art therapist may begin to formulate ideas about creating his or her own unique tool that is tailored to fit with a particular client population.»

Approach

(Betts, 2005)

An integrative approach was utilised including humanistic, client-centred, phenomenological elements. In addition a social action approach was utilised when obstacles were encountered, this helped bridge the gaps.

The intention was

- ☞ To ensure safety and stabilisation during Phase 1

Mindful of a trauma informed model

- ☞ Grounding exercises were used at the beginning and end of sessions
- ☞ The pace of the sessions was slowed to accommodate needs
- ☞ We used play and sound to explore some of the issues raised. Building structures and layers for protection before going back out into the world between sessions.
- ☞ Art making during sessions was 20 mins with time for sharing/discussion afterwards
- ☞ Self soothing exercises were explored to encourage holding/grounding between sessions.

Exploration of art media and the environment

- ☞ Dry materials and collage seemed to be favoured. This could have been to maintain control and contain the imagery.
- ☞ To dig deeper if appropriate in Phase 2

Identify feelings and emotions held within

- ☞ Clay and moulding seemed to be powerful tools during this phase. Words were sometimes left unspoken. Some work was hidden from view (CCTV throughout building)
- ☞ To encourage participants to re-evaluate and plan forward in Phase 3.

Encourage self-advocacy in advance of gaining refugee status/papers. These sessions proved popular and drew others in. Many gaps in outer support services were identified by the participants and became very evident.

This led to a more concrete social action approach over the winter

Review after each Phase

Some Common Themes emerging:

- Self Development
- Childcare/Babysitting Needs
- Physical Healthcare Visits
- 1:1 vs Group Needs

Cultural pace to engagement

De-skilling Concerns Transport

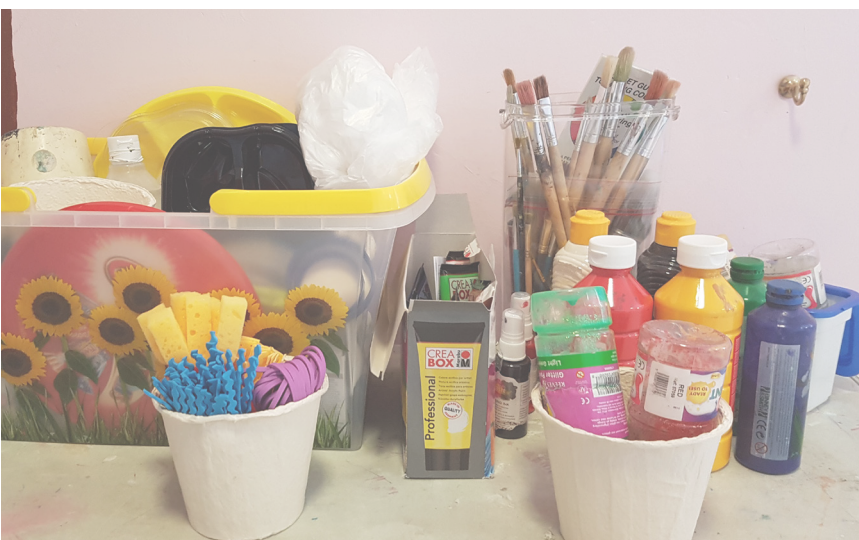
Issues

Distance to Schools

Distance to Adult college L3/5 courses



**SOME
OF THE
MATERIALS
USED**

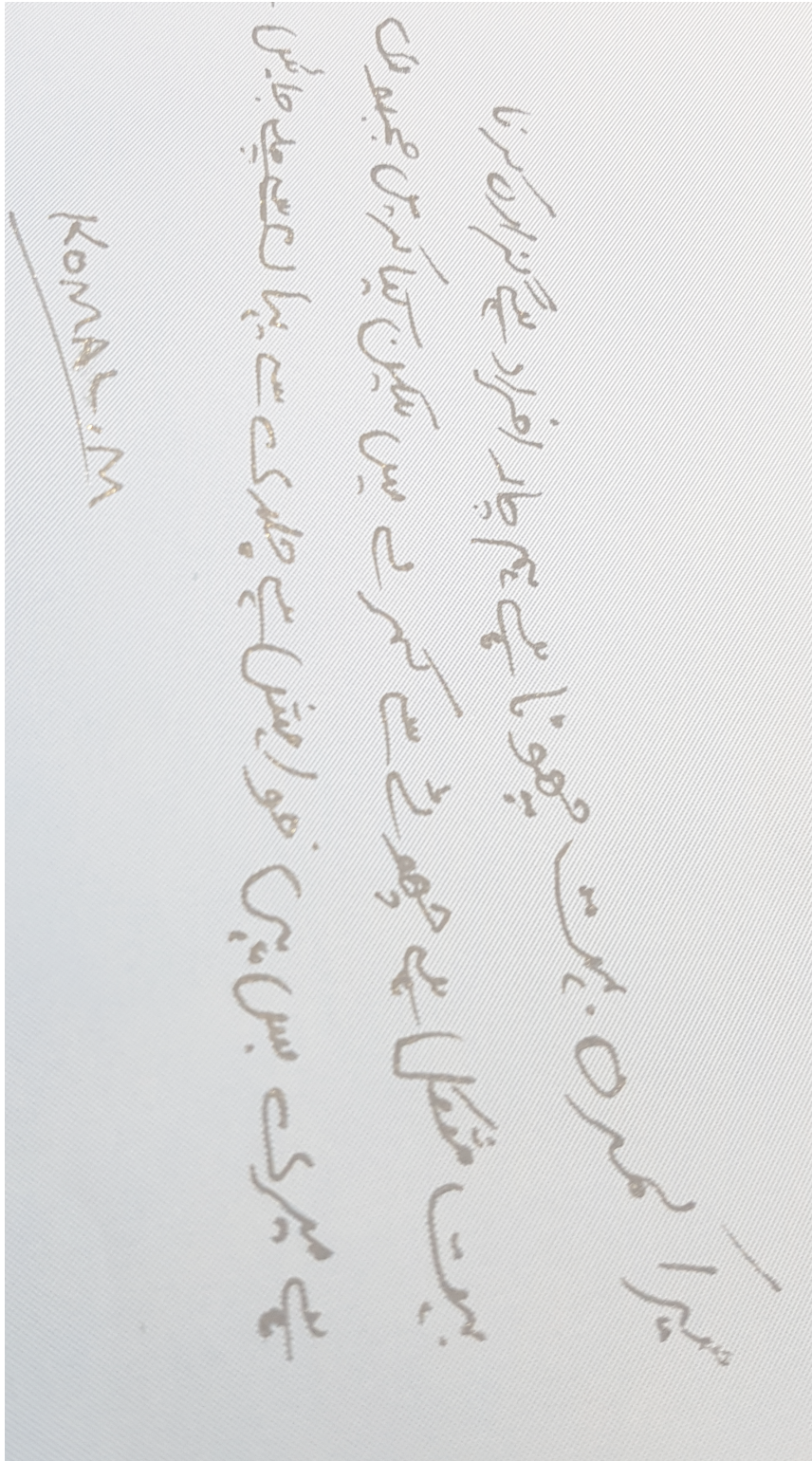


COMMUNICATIONS

The art making sessions and subsequent sharing were both verbal and non-verbal depending on the individual participant and their needs and preferences. Some participants spoke English as their first language, others had conversational English and Arabic, French, Kurdish and Urdu as their primary language. It became apparent some individuals sometimes indicated yes or no without actually understanding what was being relayed/said/asked. Local accents contribute to the ensuing confusion at times. When local staff speak slowly it aids in understanding.

SPACE

The space was allocated and assigned by the accommodation staff in the 'education' room which was previously used for after-schools club and a crèche years. This room had a sink and a separate en suite bathroom. One end wall was lined with ceiling height cupboards where materials for various classes were kept. The door had a viewing panel and there was a CCTV monitor on the ceiling. Each week the room was pre-rearranged to reflect a warm inviting space. Fabrics, lights, aromatherapy and sensory equipment was used to effect this.





‘IT SMELLS NICE IN HERE’

Seating was arranged in a circle to facilitate communication and sharing. Chairs were retained for each member regardless of whether they attended on the day. Tables were arranged for art making with privacy from CCTV as required. The door and window were covered during sessions to protect privacy. The room was setup each week prior to sessions with a sensory theme chosen in consultation with the participants.



**‘IT SOUNDS VERY INTERESTING,
I AM CURIOUS’**



‘OH, IT’S BEAUTIFUL’



**‘IT LOOKS VERY
DIFFERENT -
I LIKE IT’**

OUTCOMES

Positives and Best Practices

75% of registered participants completed the initial programme.

In the post programme evaluation session, the therapist noted increased socialisation between different nationalities amongst the registered participants and a reduction in self-reported symptoms from participants.

During the pilot period, significant decreases in numbers of complaints related to living conditions were reported to the accommodation centre administrator and an improvement in overall levels of resident satisfaction were observed by accommodation staff. The management voiced their observations of the progress being made from their perspective. Visiting physical therapists also commented on positive feedback from participants they interacted with.

Therefore, the therapist regarded art therapy using a co-production and social action lens as a potential effective therapy for asylum seekers during the resettlement phase. However, individual sessions may be more beneficial for some residents depending on cultural needs.

Thank you for participating in the CREATE Therapies Project Pilot. We would very much appreciate you taking the time to give some feedback.

MY EVALUATION OF MY EXPERIENCE IN CREATIVE ART THERAPY

Please take a moment to think about and write your thoughts on the following questions:

- 1) What do you feel were the strengths of your time in the programme?
I was able to relax
- 2) What do you feel were the biggest challenges of your time in the programme?
Opening up and talking about how I felt
Not attending sometimes because of assignments.
- 3) Would you do anything differently as a result of the programme?

Please take a moment to think about and write your thoughts on the following questions:

- 1) What do you feel were the strengths of your time in the programme?
It was helpful.
- 2) What do you feel were the biggest challenges of your time in the programme?
Facing me problems it was not easy
the first days.
- 3) Would you do anything differently as a result of the programme?
Yes, the way I talk to people now
it is different.
- 4) How can we improve this experience for you or others in the future?

MY EVALUATION OF MY EXPERIENCE IN CREATIVE ART THERAPY

Please take a moment to think about and write your thoughts on the following questions:

- 1) What do you feel were the strengths of your time in the programme? it's good
- 2) What do you feel were the biggest challenges of your time in the programme? I am feeling bitter.
- 3) Would you do anything differently as a result of the programme? yes
- 4) How can we improve this experience for you or others in the future? we need a house
- 5) What additional support do you think you may need? This may be continuing therapy or another service.
allowed working

- 1) What do you feel were the strengths of your time in the programme?
- It's very good programme.
- 2) What do you feel were the biggest challenges of your time in the programme?
- It's little bit challenges about my child.
- 3) Would you do anything differently as a result of the programme?
- of course when we write some things in my heart it's good we relax.
- 4) How can we improve this experience for you or others in the future?
If the course is working is good.
- 5) What additional support do you think you may need? This may be continuing therapy or another service.
we need alot of things like housing, working about to as
child care --

- 1) What do you feel were the strengths of your time in the programme?
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we need alot of things like housing, working about to as
child care --

WHAT DIDN'T WORK

Programme sessions were attended by a fluctuating number of the participants.

Lack of childcare support this was the main reason given for not attending sessions though most participants checked in to say hello even if they couldn't stay. (The issue of childcare has continued to be a major hurdle for mothers accessing education classes and social events for adults. To date a solution has not been found although there is now an interdisciplinary group newly established to examine the possibilities. Underlying the hurdles appears to be funding difficulties combined with regulation requirements related to the age profile of the children. The raising of awareness through the programme has been instrumental in getting this matter taken forward.) During December and January, we invited the relevant agencies to present to the resident mothers to allow for direct communication and transparency. Both the staff and clients found this insightful although it did not resolve the issue as yet.

Medical and legal appointments were pre-scheduled by hospital and accommodation management staff. Residents seemed to be given certain day/ time for GP appointments. These sometimes clashed time wise.

- During the programme the issue of some women with a specific need for a female only Doctor being allocated to male GPs (General Practitioners) arose and has been referred to senior actors in the health service. This situation eventuated because of a shortfall in numbers of GPs and female doctors GMS lists being closed. It also became apparent occasionally women are falling through the medical safety net during their initial arrival process and are not being medically assessed before being relocated to regional centres.

Day-trips were organised spontaneously during the summer by an outside group - this had an impact due to late returns on the days. (They did enjoy the day-trips).

Mixing cultural backgrounds in a therapeutic setting may not work for everyone due to cultural constraints especially when participants are recent arrivals. This issue was unveiled during the programme and was resolved by follow-up sessions in a different communal space where women could drop in while doing their shopping.

The focus was on what difficulties and solutions they perceived in relation to services provided during resettlement. The therapeutic element was not highlighted in these sessions thereby reducing any perceived stigma Timing of sessions was affected by the need for flexibility when engaging with cultural differences e.g. polychronicity. This proved to be a topic for group discussion later in the programme as some participants always arrived on time and others arrived much later and would have liked to have extended the sessions. The agreed structure of the sessions meant the end time was constant.

HOW WE MANAGED

- Advocacy sessions were set up to follow through on multidisciplinary and inter- departmental channels to access childcare support. In March the first comprehensive inter-agency meeting in almost 20 years was held to help improve service provision for asylum seekers and to help create a truly inclusive wrap-around service for asylum seekers and refugees in the locality.
- The local support groups were asked to help with childcare - there has been no success with this to date. Current regulations are cited as contributing to this impasse combined with the young ages of most of the children.
- The management were liaised with to request that the summer day-trips returned at pre-agreed time. Over the autumn attendance at sessions increased when we moved the drop-in sessions to a larger communal setting with less emphasis on 'therapy' and more on negotiating perceived barriers.
- Staff and volunteers were asked to avoid conflicting scheduling during the therapeutic programme. During the winter, we changed the session times to mornings and changed the days to facilitate educational HETAC courses and mothers who had very young children were permitted to bring their babies to sessions.
- Additional sessions were offered at an earlier time in the public area to facilitate cultural preferences. This resulted in clients who had not engaged previously sitting down and engaging in a meaningful way although they would often leave briefly and return later during a session depending on their family needs.

Love

I NEED HELP WITH
MINDING MY DAUGHTER
WHO IS 2 YRS.



We need help
for our child

Love



Provision. They all have a right
to have facilities that helps
them to develop and to be
independent. Our children
deserve a good foundation
to be the best beings in
future.

Treat them
ALL EQUAL
With Love
NO DISCRIMINATION

Khan

WHAT WE LEARNED FROM WHAT DIDN'T WORK

Some people from some cultures may not be comfortable with sitting in an enclosed room with other cultures in a therapeutic setting. However, these participants did engage with short interactions and returning multiple times in the corridor, the meeting area and other public spaces. This situation resolved during the winter after changing venue and times. In the springtime, these women shared an enclosed space during 'Creative Salon' sessions where they overcame differences and found similarities when exploring woman's themes. Some shared how they had experienced interpersonal difficulties related to living in such close proximity when they had first arrived and the cultural differences they experienced related to family life.

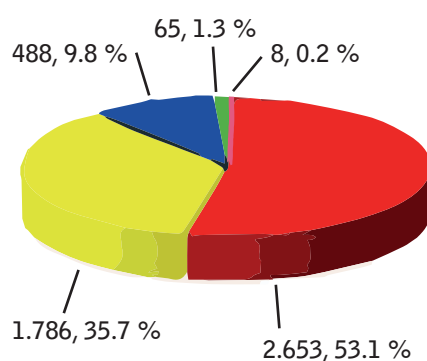
Childcare is a major issue in Direct Provision Centres nationally. The service providers, who might be expected to help, cannot provide a service - primarily this appears to be a regulatory and funding issue. This lack of availability of care is seriously impeding parents' abilities to engage in adult group activities and educational opportunities.

2-hour group therapy sessions may be too long for most participants who have young children with no childcare facilities. One hour seems to be the maximum comfortable amount of time. The drop-in sessions seemed to overcome this issue.

Some participants favour individual therapy to deal with their issues. In the spring, we initiated follow-on individual sessions for those women who requested to continue therapy.

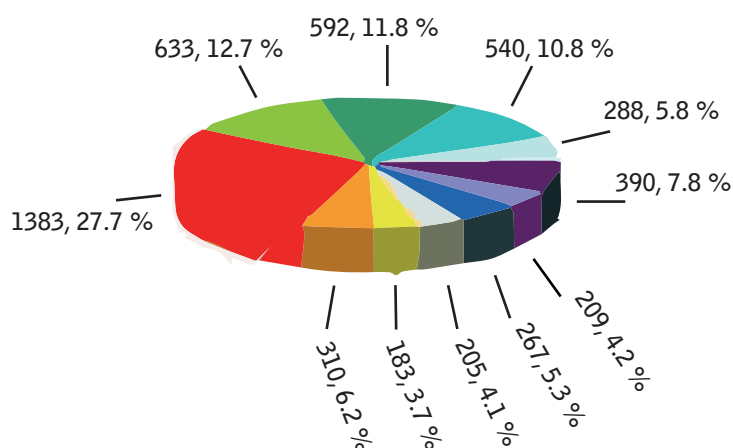
Breakdown by Continent of RIA Residents
(end of October 2017)

Total ; 5,000



Nationality Breakdown of RIA Residents
(end of October 2017)

Total ; 5,000



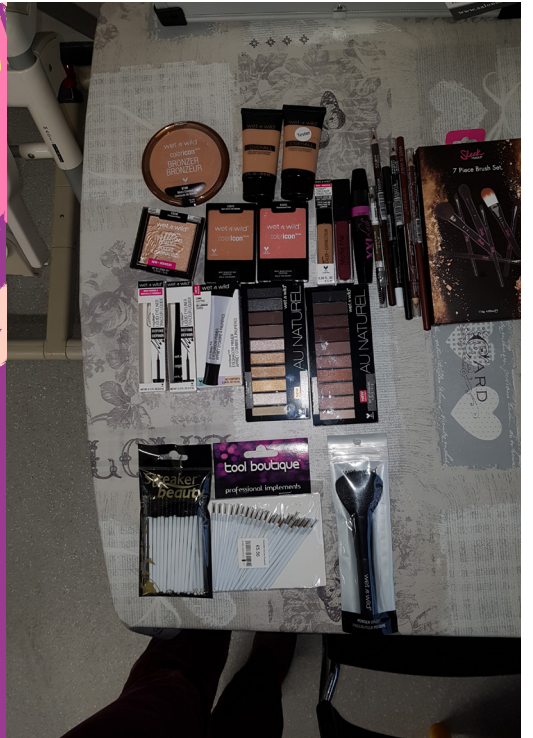
'Other' is comprised of 82 other nationalities (each of which is represented by less than 163 persons in RIA accomodation)



CLONAKILTY BEAUTY SALON

Get Your Glam On, Girl!

BY APPOINTMENT
TUESDAYS 11AM-1PM



CREATIVE SALON SPRING 2018

HAIR

DRESSING

CUTS

BRAIDING

UPSTYLING

MAKE OVERS

EYES

FULL

WEDDING

STYLE

MASSAGE

NECK

SHOULDERS

FACIALS

w/

MASSAGE

NAIL BAR

MANICURE

HAIR

REMOVAL

THREADING

WAXING

HOW WE USED THERAPEUTICALLY WHAT DIDN'T WORK

"A Problem Isn't a Barrier – It's the Start of a Solution"

Unknown

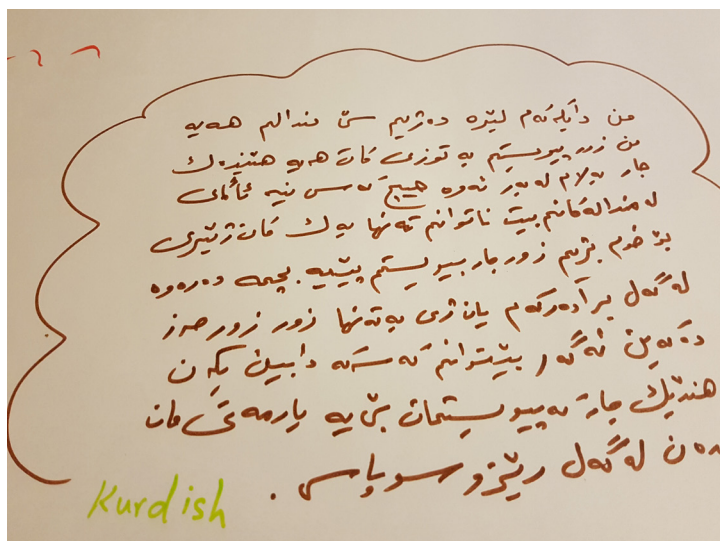
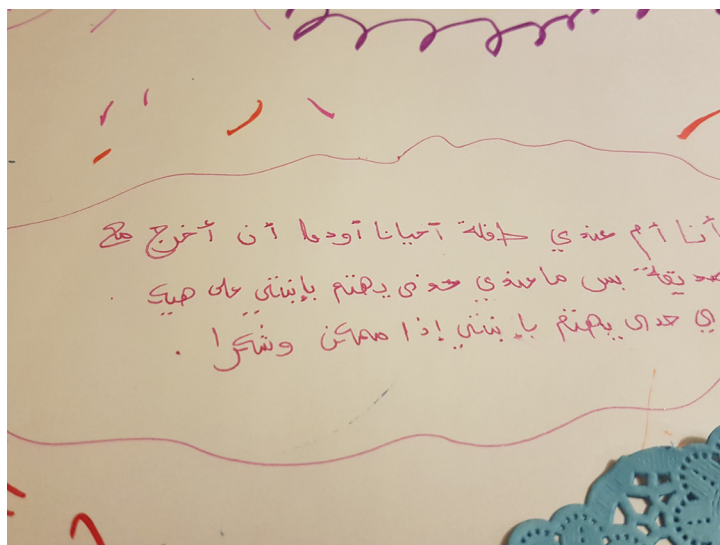
Evaluating and revising the plans together led to some changes regarding :

The use of creative writing in any language of preference.

- 9 This seemed to allow more flow and ease of expression for some participants with language restrictions who did not engage in visual art making. It also lessened the shyness for these women in a multicultural environment where some others knew each other well.
- 9 These sessions have resulted in a collaboration with the local education board to provide ongoing advanced English classes to facilitate written communication. These classes started in the spring and are continuing. The participants are currently enjoying the classes and are feeling more confident in their ability to relate both verbally and in written English. They are also happy to now have the opportunity to engage in preparatory English for employment and higher education. ***However they are still unable to get accreditation for these classes.

9 Childcare issues

Advocacy has resulted in increased awareness of the problem for all actors within the direct provision system and some new action between departments who have overall statutory responsibility for children and families. The Children's Ombudsman Department has recently become more proactive and is now following up their initial consultation with parent-residents last October with targeted sessions.



HOW PATHETIC THAT WE ARE TOLD
ABOUT CHILDREN RIGHT WHILE
THOSE RIGHTS ONLY APPLIES TO
NUMBER OF CHILDREN. IN THEIR RIGHTS
THERE IS "PRIVATE RIGHT" / "RIGHT OF PRIVACY"
IN ONE ROOM WHO CAN HAVE PRIVACY???

CHILDREN
DESERVE TO
HAVE THEIR ROOMS

LIVE IN ONE ROOM
WITH 2 CHILDREN
THEN YOU'LL UNDERSTAND
WHAT I AM TALKING
ABOUT

AFTER THE OMBUDSMAN VISIT

CONCLUSIONS

What was useful

- ✎ The programme appears to be particularly suitable for asylum seekers with depressive and somatic symptoms, those who are isolated and those who may not benefit from/be ready for talking therapies.

What we learned

- ✎ Results support the feasibility and potential effectiveness of the short-term programme for asylum seekers experiencing psychological difficulties during the resettlement phase.
- ✎ Early year/winter may be the preferred time to start programme from management and staff perspective - "In summer and pre-Christmas there are too many distractions".

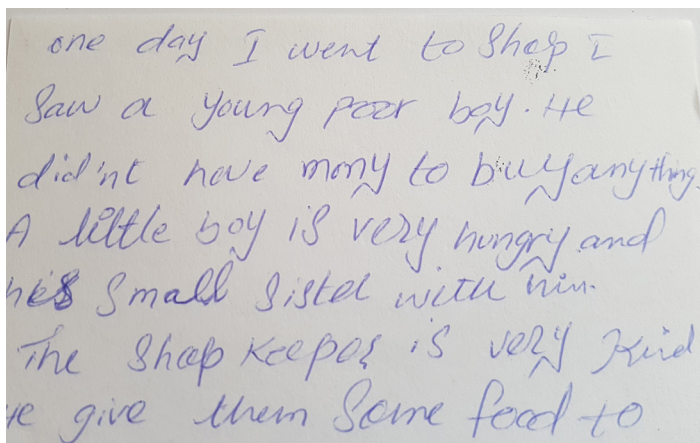
How we interacted with colleagues, users

- ✎ The accommodation centre management and floor-staff were very helpful throughout the pilot.
- ✎ The participants were very friendly and most came to the celebratory afternoon tea post-programme. New participants joined in the drop-in sessions over the winter where the focus was on navigating hurdles and better access to support services regarding childcare, housing, higher education and the right-to-work issues.
- ✎ The Government department officials were willing to discuss issues and refer to their colleagues to try and assist whenever possible. There appears to be more interaction with the Department of Justice and several families have recently gained their refugee status after years of waiting.
- ✎ The Arts Centre staff were occupied with many other projects including participatory art projects which residents were invited to join. Some women who have been in the community for several years enjoy participating in the fabric art exhibitions and local Parades.
- ✎ A community refugee support worker was involved in the pre pilot phase but was not available to help with the pilot once it started. This was a disappointment and affected the process because of resulting childcare issues and as the sessions had been scheduled around the support worker's availability.

What could be improved and how

- ✎ Scheduling of sessions needs to be done in collaboration with relevant stakeholders to avoid timetable clashes. These need to be on highly visible boards as reminders. Many people seeking asylum report memory difficulties especially during stressful periods. Quarterly inter-agency meetings may help with the scheduling of programmes to avoid clashes. Inclusion of services could be improved e.g., some external agencies may act as gatekeepers despite agreement with residents, accommodation staff and departmental staff.
- ✎ Referrals through the GP and mental health community staff may be a good solution for those centres who do not have an in-depth knowledge of their residents. Asylum seeking individuals have expressed frustration with GP consultations limited to 10 minutes. Provision for women to see female GPs will also help inter culturally if it could be arranged. Otherwise, specialist services may need to be referred to, to decrease patient embarrassment and improve vital communications with medical staff.
- ✎ Individual therapy sessions seem to be the most beneficial/preferred for this demographic especially as people are living in such close quarters and with many cultures in the one building. Group intercultural sessions may be of benefit once people receive their papers and are in the open community however, most people say their aim is to move to large urban areas for both work and lifestyle choices.
- ✎ Trust has been mentioned in that initially people may feel unable to trust people until they get to know the person/practitioner and so continuity is important. This was born out by the increase in numbers attending over time and the ownership of the project developing with the clients.
- ✎ Some materials seem to be favoured over others - this may have changed if the programme developed further. Ideally, a larger permanent room/studio would be secured to allow the space to develop as a creative space. The convenience for the clients of having the sessions in their accommodation centre was important as they could come and go without having to travel outside into the town.

9 Because of the issues with ongoing issues with Childcare during the Group_1 pilot, the recommendation was to facilitate a men's group for the 2nd group. The IO1 focus group had suggested men would prefer sport so dance therapy would have been suitable however, there were no dance therapists available through IACAT. Dramatherapy using sesame methods was subsequently chosen for group 2 as there were highly experienced therapists available.



one day I went to Shop I
Saw a young poor boy. He
didn't have money to buy anything.
A little boy is very hungry and
his small sister with him.
The Shop Keeper is very kind
we give them some food to.

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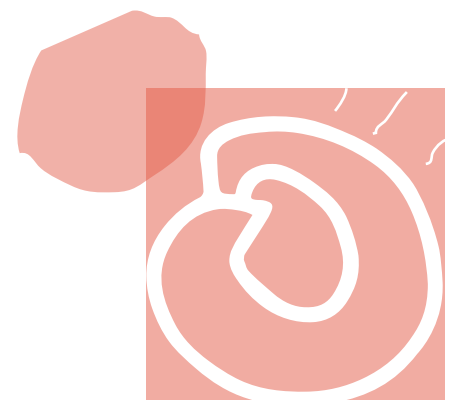
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CONTACT DETAILS OF CREATE PRACTITIONERS AND ORGANISATIONS



**Merseyside
Expanding Horizons**

MERSEYSIDE EXPANDING HORIZONS LTD
THE JOSEPH LAPPIN CENTRE
MILL LANE, OLD SWAN
LIVERPOOL
L13 5TF
UNITED KINGDOM
TELEPHONE: +44 151 330 0552
EMAIL: INFO@EXPANDINGHORIZONS.CO.UK
WWW.EXPANDINGHORIZONS.CO.UK



SOLA ARTS
15 HIGH PARK STREET
LIVERPOOL
L8 8DX
UNITED KINGDOM
TELEPHONE: +44 151 726 8440
EMAIL: SOLA_ARTS@YAHOO.CO.UK
WWW.SOLAARTS.BLOGSPOT.CO.UK
ART PSYCHOTHERAPIST: ADEL SPIERS,
EMAIL: ADELE@SOLAARTS.ORG



Institut für Theatertherapie

ITT / INSTITUT FÜR THEATERTHERAPIE
(DGFT E.V.)
BUNDESGESCHÄFTSSTELLE
GROSSBEERENSTRASSE 65
10963 BERLIN
GERMANY
TELEPHONE: 01523 8501660
EMAIL: INFO@DGFT.DE
WWW.DGFT.DE

DRAMA AND THEATRE THERAPIST: SABINE HAYDUK,
EMAIL: SABINE.HAYDUK@FREUNET.DE
DRAMA AND THEATRE THERAPIST: PATRIC TAVANTI,
EMAIL: KONTAKT@TAVANTI.DE
DRAMA AND THEATRE THERAPIST: SONJA NARR,
EMAIL: SONJA.NARR@WEB.DE
DRAMA AND THEATRE THERAPIST: / SUPERVISOR:
CATHRIN CLIFT, EMAIL: CAT@CLIFT.DE



COMPAGNIE ARTI-ZANAT'
MAISON DES ASSOCIATIONS DU 18E
15 PASSAGE RAMEY
BOITE AUX LETTRES 73
75018 PARIS
FRANCE
TELEPHONE: +33 663 279041
EMAIL: THEATREARTIZANAT@GMAIL.COM
WWW.ARTI-ZANAT-COMPAGNIE.NET
DRAMA THERAPIST: RICHARD GROLLEAU,
EMAIL: RICHARDGROLLEAU@GMAIL.COM



c e s i e
the world is only one creature

CESIE
VIA ROMA 94
90133- PALERMO
ITALY
TELEPHONE: +39 091 6164224
EMAIL: WWW.CESIE.ORG
DANCE THERAPIST: SOAD IBRAHIM,
EMAIL: SOAD.IBRAHIM@CESIE.ORG



ASSOCIAZIONE SEMENTERA ONLUS
STRADA VILLA GEMINI, 4
06126 - PERUGIA
ITALY
TELEPHONE: +393388475698
EMAIL: VALENTINACANONICO@GMAIL.COM
WWW.ATLASCENTRE.EU
ART THERAPIST: SIMONE DONNARI,
EMAIL: S.DONNAR@TIN.IT



CLONAKILTY COMMUNITY ARTS CENTRE
ASNA SQUARE, CLONAKILTY, CO CORK
IRELAND
TELEPHONE: +35 386 1522769
EMAIL: HTTP://CLONARTS.COM
ARTS THERAPIST: CLODAGH CONNAUGHTON,
EMAIL: CREATE.KA2.EU@GMAIL.COM
DRAMA AND MOVEMENT THERAPIST: ALI TYNDALE,
EMAIL: ALEXANDRATYNDALE@GMAIL.COM
DRAMA AND MOVEMENT THERAPIST: RAPHAELA HEASLIP,
EMAIL: RAPHAELAHEASLIP@GMAIL.COM



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APPENDIX

TOP TIPS - ARTS THERAPIES TREATMENT FOR REFUGEES

WHAT SHOULD BE CONSIDERED IN THE TREATMENT OF REFUGEES?

- REFUGEES COME TO A FOREIGN COUNTRY IN WHICH THEY HOPE TO FIND SAFETY. HOWEVER, THEY OFTEN FIND THAT THEIR STATUS, THEIR HOUSING SITUATION, THEIR JOB PROSPECTS, AND THEIR PROSPECTS OF REMAINING ARE QUITE UNCERTAIN. SIMILARLY, FEELING OF INSECURITY CAN BE PRODUCED BY INDIVIDUAL OR GROUP ACT OF REJECTION BY THE HOST POPULATION. UNDER THESE CONDITIONS, THERAPY CAN FAIL OR EVEN MAKE THE SITUATION WORSE! (THE QUESTION IS: CAN A CLIENT BE SECURE ENOUGH TO START THERAPY?)

- MANY ASSOCIATE THERAPY WITH MENTAL HOSPITALS AND INSTITUTIONS, SO THAT THE OFFER CAN BE INTERPRETED AS AN ATTACK AND HUMILIATION

- PROBLEMS, STRESS AND SOMATIC SYMPTOMS ARE DUE TO THE SITUATION REFUGEES FIND THEMSELVES IN. THERAPY IS NOT SEEN AS HELPFUL BUT AS DISHONOURABLE AND STIGMATISING.

- PAINTING OR DRAMA AS A MEANS OF SELF-EXPRESSION IS UNFAMILIAR TO MANY MIGRANTS FROM MUSLIM COUNTRIES. THERAPEUTIC WORK WITH THESE MEANS CAN THEREFORE OFTEN BE REJECTED INITIALLY

- REFUGEES WHO HAVE NOT HAD A DAILY ROUTINE FOR A LONG TIME, WHO HAVE BEEN SENTENCED TO INACTIVITY IN THEIR COUNTRIES OF REFUGE (NO WORK PERMIT, ETC.) OFTEN FIND IT DIFFICULT TO ENGAGE IN REGULAR ACTIVITIES. THIS PROBLEM IS COMPOUNDED BY DEPRESSION, HOPELESSNESS AND THEIR LACK OF PROSPECTS

- TRAUMATISED AND / OR DEPRESSED PEOPLE OFTEN

CANNOT IMAGINE THAT CREATIVE METHODS CAN HELP THEM AND MANY THAT THEY ARE WORTH HELPING.

- INITIALLY, THERAPY CAN LEAD TO A DETERIORATION OF FEELINGS, SO THAT IT MUST BE CAREFULLY CONSIDERED WHETHER THE CLIENTS' CIRCUMSTANCES AND EGO ARE ROBUST ENOUGH TO BENEFIT FROM THERAPY, IF NOT THEY MAY DISCONTINUE THE THERAPY.

- AFTER LOSING ONE'S IDENTITY DUE TO THE BREAKING OF SOCIAL AND CULTURAL TIES, A 'VICTIM IDENTITY' CAN BE HELPFUL AND STABILISING. IT MUST BE CAREFULLY CONSIDERED WHETHER IT IS REALLY HELPFUL TO TRY TO TREAT THIS VICTIM IDENTITY IN THE INSECURE SITUATION OF THE REFUGEE IN A PERHAPS TEMPORARY HOST COUNTRY.





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