Following Children after Relocation: 
An Art Therapist’s Guide

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ABSTRACT

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Marie-Pascale Dionne

The following research summarizes issues pertaining to relocated school aged children, and suggests a range of art therapeutic tools to support their adaptation process, whether it is a cross-cultural relocation or not. The present guide is the result of a combination of some of the history-documentary methodologies, and an investigation of previous and current art therapy programs serving different relocated child populations throughout Montreal. Suggested art therapeutic activities are presented accordingly to the weaving of theoretical concepts of the grieving process stages, and the cross-cultural adaptation stages.

The guide is divided into three parts: the arrival, settling down, and moving on. Each part begins with some psychoeducational information about the emotional state a relocated child may be going through, at the given time. The guide is conceived to respond to individual art therapy sessions, as well as group art therapy sessions. For each part, therapeutic activities are suggested, which can be selected according to the child’s best interest. Each activity includes a list of material, procedures, explanation of its therapeutic implication, warm-ups, and finally, an alternative version for group format adaptation. Outcome research would be the next step to achieve in order to consolidate this guide’s effectiveness.
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Chapter One: Introduction

The worldwide increase in displaced individuals can be explained by many factors and reasons, though, within this moving population, there are those who can do no better then to follow: children. Migration being a parental choice, children are pushed into alien environments when following their families. In Canada, the population of immigrant children under the age of 15 is 316,825 in total (Statistics Canada, 2003). This research paper aims to assist art therapists in working specifically with those middle-age children, between six and 12 years of age, who are manifesting adjustment difficulties due to a recent relocation.

My interest for these children is perhaps best explained through my own personal history. Raised in a francophone family of the Canadian diplomatic sphere, I was born and have lived in diverse parts of the World. Going from Germany to Côte-d’Ivoire, Cameroon to Hungary, I followed my parents while they performed their professional duties across borders. It had become a familiar pattern: Every three years we would resettle and start our lives once again in some foreign land.

At age seven, for the first time in my life, I entered my so-called home country: Canada. Like an immigrant, I discovered a new culture, though it was supposed to be my own. However, three years later, we moved back to Africa. This cycle perpetuated until I turned 16, when my family decided to settle back in Quebec. By then, my brothers and I had accumulated certain skills acquired by our multiple relocations: saying good-bye to those we had encountered on the course of our stay, and grieving the loss of our cherished environments in which we had weaved in parts of ourselves. On the other hand,
we were also heading towards a new life: We felt excited and nervous while getting acquainted with the new country’s environmental, social, and political conditions, but even more so getting prepared to make the first step into our new school. Nevertheless, I knew my family was not the only one living these frequent changes, for along the way I encountered many other children who shared a similar life pattern.

Yet, I had not really grasped the impact of being a relocatee, until my family was called to re-establish in Cameroon in 1989. By then, I was 9 years of age and not quite expecting anything. Indeed, major changes were to be faced during this transition into our ‘new African life’: First, our status of being an average family with an average income changed into a family perceived as a visible minority, ranking with the very high income population of the country. Additionally, both my education and integration depended on my ability of learning English language, in the second language class (ESL). It was a time of many obstacles, as I kept moving up and down grade levels in order to catch up different classes I missed out due to my ESL and welcome classes. I recall this particular transition, for it was a time where my self-esteem was at stake.

During this period, isolation had become part of my everyday life, and so I invested into after-school activities: I was especially involved into art-making. Throughout the creative process I had found some sort of comfort, though I could not grasp its meaning. However, today it is clear to me that in the art-making process, I unravelled my emotional world, the lost of past lives abroad, the lost of friends, and the lost of beloved homes. The creative process was awakening my forgotten memories. I had found a way of re-uniting my fragmented life although, I was not quite aware of what was happening. Since then, art-making has inspired me with hope, and became the
missing thread I had longed for. Intuitively, art became my therapy. It is in respect to this continuity that I have pursued into the field of visual arts and today, art therapy. It is only as I am preparing this research paper that I realize how art therapy sessions would have been beneficial to me back then. Through this research paper, I hope to enlighten the art therapist whose task is to offer 'holding' to a displaced child.

Consequently, the present document suggests the construction of an art therapy manual that will guide the art therapist exposed to a latency-aged child population going through major life changes due to a recent significant relocation. Children of both genders may benefit from the approaches given in this paper. Enclosed in this research, the art therapist should find therapeutic guidelines to some of the main issues entailed by relocation.

The organization of this construction research is conceived to facilitate the art therapist’s task. Chapter Two exposes a review of literature on the topic in order to inform the therapist of the particular issues pertaining to this population. Chapter Three demonstrates the methodology through various investigations. It is in Chapter Four that the guide is developed into three parts, in respect to the acculturation process and the grieving stages: the arrival, settling down, and moving forward. For each part, activities are presented and even though conceived to fit individual art therapy sessions, group adaptations are also provided. Finally, Chapter Five offers a closing discussion on the present guide, a tool for the art therapist. Suggestions for further research are presented.
Chapter Two: Literature Review

Canada's favourable economical and political position has maintained the country into continuous international dialogue, hence promoting the development of a multitude of international exchanges. One of the consequences to these exchanges is noted in the population's composition itself: The number of immigrants in Canada is recorded to 5, 448, 480, and its non-permanent residents are counted to 198, 645 (Statistics Canada, 2003). The total Canadian population is counted up to 30, 007, 094 (Statistics Canada, 2002), and so, it can be concluded that more than 18.8% of the country's total population is in motion. As suggested by these statistics, the Canadian population is exposed to cross-cultural contacts more then ever before, within and across its borders. It is a reality: Today's art therapists are faced with the daily consequences of globalization, and so will need adequate resources in order to understand and respond positively to this growing population in motion.

Research in the field of art therapy has demonstrated a particular interest for refugee and migration issues: Questions concerning the complex emotional impact involved when moving and resettling away from one's native grounds have been raised, both with adult and child populations (Barabas, 2000; Kajzer, 2003; Brigatti, 2006; Lemzoudi, 2006; Rousseau, Bagilishya, Heusch & Lacroix, 1999; Rousseau, Drapeau, Heusch, Dess, Lacroix & Marin, 2002; Rousseau, Lacroix, Bagilishya & Heusch, 2003; Rousseau, Singh, Lacroix, Bagilishya & Meashaw, 2004; Rousseau, Drapeau, Lacroix, Bagilishya & Heusch, 2005; Rousseau et al., 2005; Rousseau, Lacroix, Singh, Gauthier & Benoît, 2005). Consequently, the present research paper was concerned in providing the
professional art therapist with sufficient knowledge on relocation issues, while suggesting a therapeutic guideline and a variety of tools adapted for the specific population of relocated children.

Culture and Cultural Identity Defined

Finding the rightful signification to the word culture seemed somewhat a complex task, since it is widely used in current language for different purposes. Culture, as defined by the Merriam-Webster’s collegiate dictionary (1993), bests served the purpose of this research paper in reference to “the customary beliefs, social forms, and material traits of a racial, religious, or social group”, but more precisely as “the characteristic features of everyday existence (as diversions or a way of life) shared by people in a place or time” (p. 304). Tseng & McDermott (as cited in Cattaneo, 1994) defined culture as the essence of a group’s identity: “Culture is the collective expression of the group’s personality – its wishes, values, and ideology. It is the sum total knowledge and attitudes, a vast accumulation of ways of thoughts, of actions, and of emotional expression.” (p. 184). Dosamantes-Beaudry (1998) took another angle upon culture’s meaning, and found that it also contributed to the development of all human beings individuality: “One thing that gives humans our distinct identity is culture. Culture provides us with the rules of the ways we may express ourselves, behave, think, work, make love, defend ourselves and organize ourselves economically and politically” (p. 129). Therefore, it is understood that one’s cultural identity, being shaped by the demographic variable which may include age, sex, and geographical location, all represent affiliations to different groups, hence shaping one’s unique identity. Of course, these variables are non-exhaustive, as other groups and sub-groups that could have been mentioned here would have been endless.
Relocation Defined

Relocation entails that an individual is geographically redefining the limits of its day to day living space and environment. The *Merriam-Webster’s collegiate dictionary* (1993), defines the term *relocate* in order to describe the act of “establish[ing] or lay[ing] out in a new place” (p. 1052). Furthermore, it defines the word *location* in reference to a “position or site occupied or available for occupancy or marked by some distinguishing feature” (*Merriam-Webster’s collegiate dictionary*, p. 730). Therefore, with these definitions, it is understood that the act of relocating may be achieved in the same city, country or even abroad. It is noted that there are two directions possible in the act of relocating, being to move away from or to move back onto one’s natal ground or what would be defined as one’s home. Finally, Ward, Bochner, and Furnham, (2001) identified as *hosts* those “members of the... country” receiving the foreigners (p. 275).

Variety of Migrants and Relocatee

A definition that seems to grasp the essence of what is implied in *migration* is given by Chambers (1994) as the following:

*Migrancy* [italics added]... involves a movement in which neither the points of departure nor those of arrival are immutable or certain. It calls for a dwelling in language, in histories, in identities that are constantly subject to mutation (p. 5).

Indeed, the relocating populations, also named the *relocatee*, are made distinct through variables of “mobility”, “permanence”, and their levels of “voluntariness” (Berry & Sam, as cited in Ward, 2001, p. 412). The mobility factor is used as an indicator of the travel distance, which may vary from sedentariness to cross-cultural relocations. The permanence variable is a measurement used to evaluate the time spent in the new
location, either it be temporary or permanent. Finally, the voluntariness factor is best described by Ward as “having been drawn or pulled toward a new country”; it is used in reference to the desirability of the relocation (p. 412). These three variables are the key to what has given shape the migrant’s profile as either being an immigrant, a sojourner, a refugee, or an asylum seeker.

_Immigrants._

_Immigrants_ include those individuals who voluntarily relocate for a long-term resettlement. They usually envision their relocation as permanent. Their transition is voluntary, since “they are generally ‘pulled’ toward the new country by social, economic and political forces”, which provides them with much hope for their future homes and lives (Ward, Bochner & Furnham, 2001, p. 23).

_Sojourners._

Ward, Bochner, and Furnham (2001) defined “sojourners” as the “between-society culture travellers”, for they become “temporary resident[s] abroad, associated with a specific assignment or contract” (p. 21). One of their particularities is that they expect to return home once the assignment is completed (Ward et al., 2001, p. 21). Consequently, they plan a temporary stay for which the duration would be pre-determined prior to the relocation. Similarly to immigrants, sojourners usually possess a voluntary attitude toward their relocation. Ward et al. included within this category of migrants “business people”, “overseas students”, “technical experts”, “missionaries”, “military personnel”, “diplomats”, and “tourist” (p. 21). Among these travellers, another group has been added on the list: the “Third Culture Kids (TCKs)”, those “children who
have spent a significant part of their developmental years living outside their parent’s
culture and country passport” (Devens, 2005, p. 4).

Refugees and asylum seekers.

The refugees and asylum seekers differ from the immigrants and sojourners in
their profile, since they have generally accumulated pre-migration trauma such as civil
war, genocide, famine, imprisonment and torture (Ward, Bochner & Furnham, 2001,
p. 25). Ward et al. (2001) noted that “their relocation is [often] involuntary, as they are
unwillingly displaced from their home countries and ‘pushed’ into alien environments”
(p. 25). Treatment of traumatic experience has not been explored in respect to the present
research paper’s aim, but is highly suggested if the therapist is exposed to this specific
population. Where the asylum seekers differ from the refugees is found in their legal
rights, which have not yet been clarified with the welcoming country (Callaghan, 1998).

Other relocatee.

Other relocatee whose displacement did not necessarily implicate relocation
abroad were also considered in the present research. Another part of the explanation to
this increase in displacements has been observed in an alteration of mentalities, such as a
higher tolerance to separation and divorce: Kelly & Lamb (2003) did point out that “the
issue of relocation... [was] not an insignificant problem for the courts and families”
(p. 193). Therefore, divorce and separation have participated in increasing the number of
the moving population.

Finally, according to the relocation variables, it has been made clear that these
migrant identities may have in common the experience of some of the emotional
complexities involved in the process of being relocated and in their attempt of starting
anew, but each relocatee will bring into therapy their own perception of their fractured reality.

*Acculturation Defined*

The person moving from one environment to another may notice that the relocation might have been accompanied by contrasting social ways of living, and interactions with others may be quite different than what they used to be. The term *acculturation* is used in reference to these resulting changes due to the “…continuous first-hand contact between individuals of differing cultural origins” (Redfield, Linton & Herskovits, as cited in Ward, 2001, p. 412). “Acculturation involves changes in a person behaviours, attitudes and cognitions” (Ward, Bochner & Furnham, 2001, p. 31). Berry’s model has identified four categories of acculturation: integration, assimilation, separation, and marginalisation (Berry, 1998; Ward et al., 2001). “The strategy most likely to produce health and well-being is integration [italics added]” (Sam & Berry; Schmitz, as cited in Ward et al., 2001, p. 33). Ward et al. stated the following about the meaning of integration: It “…refers to the accommodation that comes about when different groups maintain their respective core cultural identities while at the same time merging into superordinate group in other, equally important respects” (p. 30). Other categories of acculturation have been known to either encourage “racism”, “self-denigration” and “identity confusion” (Ward et al., p. 32). In Canada, it is the integration approach which has been selected by the official policies in order to promote a multi-ethnic society (Berry; Ward, 2001).

It has been observed that many cross-cultural travellers possess “fatalistic, external locus of control beliefs”, accompanied with “passive and impaired coping
strategies”, as well as “psychological distress”, particularly for those relocatee “from the Third World” (Furnham, 1988, p. 55). It is not necessarily the case with immigrants and some sojourners, whose voluntariness variable suggests an “internal locus of control” (Furnham, p. 54). It has been noted that although “immigrants and refugees are usually willing to learn new behaviours and skills, …their attitudes and values are generally more resistant to change” (Triandis, Kashima, Shimada & Villareal, as cited in Ward, Bochner & Furnham, 2001, p. 418). This resistance may partly be explained as a consequence to the acculturation process in a way to preserve their cultural heritage or cultural roots from being ‘washed away’ in the assimilation process nevertheless occurring at different degrees while in contact with the host culture.

The Meaning of Home and Homesickness

A particular attention is given to the meaning of home, as it is linked to one’s cultural roots. As defined by Storti (1997), one’s home may be described by “familiar places”, “familiar people”, and “routines and predictable patterns of interaction” (p. 16). More so, the function of a home is to “compass cultural norms and individual fantasies, representations of and by individuals and groups” (Wright, as cited in Rapport & Dawson, 1998, p. 8). Finally, Rapport & Dawson give a further description of the function of one’s home: It is “where one best knows oneself – where ‘best’ means ‘most’, even if not always ‘happiest’ ” (p. 9).

As for homesickness refers to a state which occurs when one has left his or her home base. It is “generally...understood that the homesick...[individual] miss[es] their parents and family, friends and other familiar persons, their familiar surroundings and home comforts, and they feel extremely insecure” (Baier & Welch; Eurelings-Bontekoe,
Vingerhoets & Fontijn; Fisher, as cited in Stroebe, van Vliet, Hewstone & Willis, 2002, p. 148). There is a varied range of homesickness, moving from “depression as a result of absence from home” (Oxford Dictionary, as cited in Stroebe et al., p. 148) to “longing for home and family while absent from them” (Webster’s Dictionary, as cited in Stroebe et al., p. 148). “Studies have... found a relationship between homesickness and a greater number of cognitive failures, poor concentration, and handing in work late, decrements in work quality, and higher scores on anxiety and depression measure (Burt, as cited in Stroebe et al., p. 150). Indeed, “homesickness follows the path of the grieving process outlined by Bowlby (as cited in Ward & Styles, 2005): from numbing, yearning and pining, disorganization and despair, to the fourth and final stage of reorganization” (p. 424).

Based upon this recognition, the present guide has been constructed through the weaving of cross-cultural adaptation stages expanded by Adler (as cited in Yoshikawa, 1988), and the grieving stages elaborated by Kübler-Ross (1969). Their parallels are exposed in an up-coming section of this chapter.

*Culture Shock and Home-Leaving*

“Repeated collisions between a foreigner and the members of a contrasting culture often produce what is called *culture shock* [italics added]” (Barnlund, 1998, p. 47). In attempt to compass the meaning of culture shock, Furnham (1988) stated the following:

...The experience of a new culture is a sudden, unpleasant feeling that may violate expectations of the new culture and cause one to evaluate one’s own culture negatively. Nearly all users of the term have suggested that the
experience is negative – though this may not necessarily be the case (p. 44-45). Eventually, Ward, Bochner, and Furnham (2001) identified culture shock psychology as the psychological study of “...culture contact...” in being the “...meeting of individuals and groups who differ in their cultural, ethnic, or linguistic backgrounds” (p. 4). Ward (1996) “considers culture contact as a major life event that is characterized by stress, disorientation, and learning deficits and demands cognitive appraisal of the situation and behavioural, cognitive, and affective responses for stress management and the acquisition of culture-specific skills” (p. 128).

Symptoms which have been observed due to culture shock include “free-floating anxiety, a lack of self-confidence, distrust of others, and mild psychosomatic complaints” (May, as cited in Furnham, 1988, p. 46). Bock (as cited in Furnham) has explained these symptoms as a consequence to “an emotional reaction” provoked by unattended need to “understand, control, and predict behaviour” (p. 46). Oberg (as cited in Furnham) mentioned six traits attributed to the phenomena of cultural shock: “strain”, “a sense of lost and feelings of deprivation”, “rejection”, “confusion”, “surprise, anxiety even disgust and indignation”, and finally “feelings of impotence” (p. 45).

Furnham (1988) reports that the relationship between a sojourner’s “appropriate expectations... and the fulfillment... is a crucial factor in determining adjustment” (p. 55). Additionally, he believes “sojourners to remain anxious, confused, and sometimes apathetic or angry until they have had time to develop a new set of assumptions that help them to understand and predict the behaviour of others” (p. 46). Ward (2001) suggests to “increase interaction with members of the host culture” in order “to remedy to this situation” (p. 422), as “cultural participation and intercultural
friendships can enhance social skills” (Schild, as cited in Ward, 2001, p. 424). Finally, the learning of the host’s country language is favourable in order to facilitate integration (Berry, 1998; Furnham, 1998; Ward, 1996; Ward, 2001; Ward, Bochner & Furnham, 2001).

Reverse Culture Shock and Home-Coming

Knowing that moving away from one’s homeland can cause turmoil into one’s life, its opposite, coming back home, has been reported not to be so different. In fact, Canadian and American citizens have reported on the difficulties involved when coming back home after a long stay abroad and ‘starting over again’ in their homeland (Ritoux, 2007; Storti, 1997). Reverse culture shock is known to occur when an individual returns to his or her homeland after an extended time living abroad:

The… difficulty… is that while expatriates expect living overseas to take some getting used to, they imagine coming home to be a matter of course…. [But] when it turns out to be even harder than adjusting abroad, they’re surprised and confused (Storti, 1997, p. 14).

Indeed, “when third culture people re-enter their home country, they are faced with multidimensional reacculturation issue” (Timmons, 2005, abstract). Additionally, Storti (1997) believes sojourner’s attitude and expectations such as “coming home to be a matter of course…. ” are in part the base to these difficulties: So “when it turns out to be even harder than adjusting abroad, they’re surprised and confused” (p. 14).

Stages of Cross-Cultural Adaptation and the Grieving Process: Organizing the Guide

It is believed that relocation pursued through migration usually entails loss and grief with more or less degrees of variation (Bright, 1996; Pollock & Van Reken,
1999/2001; Ward, Bochner & Furnham, 2001). It can be felt as a shock and “can have profound affects in sense of strangeness” (Bright, p. 88). Since children have no other choice than to follow their parents, their understanding of the underlining reasons why their parents may have chosen to relocate might not always be clear for them. Often, this lack of clarity can increase any negative attitudes and resistance toward the eventual relocation. For these children, all that can be understood is the importance of the loss they will be going through. Therefore, it can be difficult for children to anticipate the gain perceived by their parents. Consequently, children could feel very differently than their own parent or caretaker about the relocation. In fact, their voluntariness factor may not be as elevated as their parent or caretaker or even other members of the family: This can partly be explained by the grieving process, starting when loss is being anticipated by the relocation (Pollock & Van Reken, 1999/2001).

According to Holland, Dance, MacManus, and Stitt (2005), there are three grieving styles, or models of loss: passive, active, or continuing bond. In the passive model, the individual is passively evolving through the five stages of grief, moving from “shock and denial, separation and pain, guilt and anger, sadness”, and “final resolution and acceptance” (Holland et al., 2005, p. 44). It is Kübler-Ross (1969) who was at the origin of developing and determining these grieving process stages. On the reverse, the active model designates the individual who actively changes through the different stages. Consequently, the same stages refer to an initial “accept[ance] of the reality and the loss, feel[ing] the pain of the separation, adjust[ing] to the loss”, and “finally invest[ing] his or her emotional energy elsewhere” (Holland et al., p. 44-45). Lastly, the continuing bonds model is often observed in cultures where relations are believed to be maintained after
death. In those cases, the stages tend to evolve from “a continuing relationship with the deceased, ‘detachment’ from the deceased, a changing relationship with the deceased over time”, to “no final resolution of the loss” (Holland et al., p. 45).

For the purpose of this research, I have chosen to adapt this art-therapy guide based on the passive model of the grieving process. Since relocated children passively undergo loss and changes as a consequence to their parent or caretaker’s decision in relocating, it is my assumption that this dynamic may entail a loss of control, resulting in a more passive attitude. Additionally, it is crucial to highlight that they do not necessarily experience loss from a deceased when relocating (Pollock & Van Reken, 1999/2001). Nevertheless, it does not exclude the possibility that certain children’s reactions may reflect some, if not all characteristics belonging to these grief models. Bright (1996) suggests the need for therapists to “assist cultural change as such [...] in order to prevent a perpetuation of the destructive triangle of blame, anger and guilt”, which could lead on to the deterioration of the child’s well-being and development (p. 93).

Berry (1998) differentiated adaptation process and adaptation state: “The former refers to changes in a system, so that parts of the system fit or function together better than before the changes occurred, [as] the latter refers to the outcome, in which the parts now function better together” (p. 62). As for cross-cultural adaptation, a whole other level is reached, for “it involves the life history of a person, transcending the substitution of one culture for another”, which consequently implicates a “developmental” growth (Yoshikawa, 1988, p. 140). Therefore, the purpose of this guide is to engage and follow the child through the adaptation process in order to attain an adaptation state, while recognizing cross-cultural adaptation issues if necessary.
As mentioned earlier in this chapter, I have chosen to construct the present
guide upon this model of cross-cultural adaptation (Adler, as cited in Yoshikawa, 1988)
in conjunction with Kübler-Ross (1969) grieving process stages. Adler (as cited in
Yoshikawa) suggested a model of cross-cultural adaptation characterized by five stages
in the respected order: “contact”, “disintegration”, “reintegration”, “autonomy”, and
“double-swing” (p. 141-142). Concerning the grief model, Kübler-Ross has identified the
five stages as follows: “denial and isolation”, “anger”, “bargaining”, “depression”, and
“acceptance” (Memorial Hospital, n.d., Five Stages of Grief section, para. 2). In the
following paragraphs, all stages from these two theories have been pulled together in
order to demonstrate the underlying logic and structure of the guide:

During the first stage of cross-cultural adaptation, contact is initiated and “world
views” are perceived through “one’s own reality” (Yoshikawa, 1988, p. 141). “The
differences observed may appear new and exciting” but may even appear “threatening” to
some (Yoshikawa, p. 141). A first parallel has been drawn between this stage of contact
and the first stage of the grieving process, denial and isolation, since both stages
demonstrated the use of a hermetic perception in a changing situation. This early phase of
the relocation is identified in the guide as “the arrival” (see Chapter Four).

Other parallels between stages have been identified to shape the second part of
the guide, known as “settling down” (see Chapter Four). Since “the experience of culture
shock is associated to the stage of disintegration due to conflicts and confusion raised
from the discrepancies between the first and second culture”, it is possible to observe
similarities between this particular stage and the grief’s model anger stage by their shared
feelings of rejection and/or confrontation of the new situation (Yoshikawa, 1988, p. 142).
The third stage, that of reintegration, "individuals" may move "back and forth between the first stage and second stage", while "in search of a sense of belongingness" and experiencing an "identity crisis" (Yoshikawa, p. 142). At this stage, individuals may "question the condition of their existence" (Yoshikawa, p. 142). A connection is observed between this stage, the third stage and fourth stage of the grieving process, being bargaining and depression: The three stages share the attempts and trials of solving and repairing the change, to finally experience the lost of hope to do so.

Finally, the last section of the guide, "moving on" (see Chapter Four), was based on the following links made between the two theories: During the fourth stage of cross-cultural adaptation, autonomy, one will start to "accept... [the] similarities and differences" between cultures, and may even start "to develop and identify themselves with the 'third culture' " (Yoshikawa, 1988, p. 142). This stage shares with the fifth stage of the grieving process, acceptance, a new found hope and attitude towards the new life change. As for the fifth stage of cross-cultural adaptation, double-swing, it is identified in an individual "who is fully able to accept and draw nourishment from both cultural similarities and differences", and therefore is now able to "assume a new identity – the 'identity-in-unity' or 'duality-in-unity’" (Yoshikawa, p. 142). This last stage of cross-cultural adaptation process is associated with the "cross-cultural transitional process" founded by Adler (as cited in Yoshikawa), which defines a "movement from a state of low self- and cultural awareness to a state of higher self- and cultural awareness" (p.141).

*The Latency-Aged Child*

The latency years, also called the middle years, are identified by children between the ages of six to 12 years. This period is a crucial developmental phase for the child, as
many changes are occurring at once, both on the physical and mental levels. Physically, 
the child is gaining in height and weight, while becoming stronger, more coordinated, and 
developing increasing dexterity (Bee & Boyd, 2003; Smith, Cowie, & Blades, 1998). On 
the cognitive level, the development is fractured into two different phases, the former 
between ages six to nine years-old, and the latter between nine to 12 years of age (Bee & 
Boyd; Smith et al.).

The two phases act as different propelling stages of the child’s growth; the former 
involving the integration of new skills, while the latter revealing mastery of these skills. 
During the first phase of the latency period, the child “develops new sets of thinking 
strategies which Piaget (as cited in Smith et al.) call[ed] the concre
te operations” (p. 352). At this stage, the child’s selective attention is increasing, and consequently is now 
“able to consider different aspects of a task at the same time”, while applying new 
“processes like compensation, … reversibility”, “conservation of number”, 
“conservation of weight”, and “conservation of volume”, which help them succeed 
“conservation tasks” (Smith et al., p. 352). More so, mathematical concepts such as 
“addition”, “subtraction”, “multiplication”, and “division” are acquired and understood 
(Bee & Boyd; Smith et al.). Classifying and organizing are also achieved with greater 
ease. At this stage, the child understands the “principle of class inclusion”, which “the 
child found so difficult at the pre-operational stage” (Smith et al., p. 352). Despite this 
cognitive progress and higher competency, the latency child is still very attached to 
concrete learning, based on his/her own experiences (Bee & Boyd). This is explained by 
the child’s great ease in the use of inductive logic processes, or when a particular case 
leads to the understanding of a generalized concept (Bee & Boyd, p. 145). Despite the
progress, yet the child can not achieve abstract reasoning such as *deductive logic*, a form of reasoning enabling a person to apply general concepts to particular situation (Bee & Boyd, p.175). This is only developed some years later, in the "*formal operational stage*”, sometime between 12 and 18 years of age (Bee & Boyd; Smith et al.).

Additionally, the operational stage is also characterized by the development of the child’s *moral autonomy*, and *pro-social behaviour* (Bee & Boyd, 2003; Smith et al., 1998). In the latency years, the child starts to understand how rules are created, and authority figures which used to be external to her or him are now slowly being integrated (Bee & Boyd; Smith et al.). Consequently to these changes, the child’s judgement is becoming less categorical, while gaining in flexibility (Bee & Boyd; Smith et al.).

The child also develops empathy as she or he becomes less egocentric; it is during this period that a child will be able to understand others perceptions (Bee & Boyd; Smith et al.). The concrete operation stage is an important developmental period for acquiring pro-social behaviour, since interest in social norms, mutual respect and cooperation between people is increasing at a fast pace (Bee & Boyd; Smith et al.). Therefore, friendship formation plays an important role in a child’s development. It has been found to answer major functions as follows:

To satisfy an intrinsic friendship formation; as a training ground for social skills; to give a child confidence in intimacy; to allow children to exchange and test their social knowledge; to stimulate social cognitive development; to provide companionship and social support; to act as an emotional buffer.... (The number of friends is estimated to) five and six in young schoolchildren, and rising to nine
or ten by age 9…. (and this number) slightly decreases from preadolescent onwards” (Erwin, 1998, p.16).

Implications for the Relocated Child

There are two moments in life where one’s identity will be unstable: Adolescence and the mid 40’s (Buss, 2001; Bee & Boyd, 2003). But if death, divorce, migration and other relocation issues have been known to cause discontinuity of identity described as that “feeling of sameness over time and across situations”, then how does migration or relocation can affect its development needs to be questioned (Buss, p. 107).

The observation shows that “in general, younger migrants appear to be more malleable than older ones (Marín, Sabogal, Marín, Otero-Sabogal & Perez-Stable; Mavreas, Bebbington & Der, as cited in Ward, 2001, p. 418). Despite this observation, the experience of “moving from one location to another has been cited as a stressful event and a cause of aberrant behaviour among children” (Vernberg; Griffith Doering, & Mahoney; Mckain; Shaw; Orthner, Giddings, & Quinn; Felner, Primavera, & Cauce, as cited in Weber & Weber, 2005, p. 638).

Unfortunately, even though a geographic relocation entails a change of school and of the living area, too often have adults and parents forgotten how such a transition can affect a child’s peer system: In fact, the disintegration of the child’s peer system can even be the leading cause to other difficulties (Ward, Bochner & Furnham, 2001). The relocation may hold the child back from developing the important functions involved in friendship formation listed in the preceding section, which in turn may have considerable effect on the child’s self-esteem and academic performance. “It has been proven that friendship is affected by adjustment difficulties and relocation, and if added to
behavioural difficulties or self-perceived social difficulties, such life circumstances can ‘lead on to greater decrements in friendships’” (Vernberg, Greenhoot & Biggs, 2006, p. 512). More so, cases of “relocation … [may] result in substantially decreased contact between children and non-moving parents”, which often “generate considerable anger, anguish, and litigation, particularly when the non-moving parents have been actively involved in rearing their children” (Kelly & Lamb, 2003, p. 193). It has been reported that “the amount of closeness with one’s mother contributed to… the degree of friendship intimacy” (Vernberg et al., p. 519). Intimacy is the result of the quality of the attachment style a child has for a parental figure or other figure of attachment (Bowlby, 1969).

When working with the population of relocated children, art therapists not only need to explore issues of cultural identity, “acculturation issues”, loss and grief, but also “marginalization” and “belonging” factors due to friendship and intimacy (Timmons, 2005). It is for these reasons that this guide has been constructed, and is to be used as a preventive tool with the child growing away from her or his homeland, or what was identified as home.

Art Therapy

Art therapy suits well the needs of a child after relocation, more so than verbal therapy, since it may respond more adequately to the different values, perceptions, and language barriers raised by the encounter of diverse cultural backgrounds when being relocated (Calisch, 2003; Dokter, 1998; Hocoy, 2002; Kramer, 1977, 2001; Lewis, 1997; Malchiodi, 1998a, 1998b, 2003; Rousseau et al. 2005a; Rubin, 2005; Winnicott, 1971/2001). It is believed that “the creative process, like the therapeutic process, also provides an opportunity to explore and experiment with new ideas and ways of being”,
inevitable if a relocatee hopes eventually to feel integrated (Malchiodi, 1988a, pp. 66-69).

In a study of a classroom program created especially for refugee and immigrant children, 
Rousseau et al. (2005a) have reported that creative workshops had positive side-effects 
on those children’s self-esteem and well-being, which in turn may facilitate integration 
and adaptation processes. Rubin (1984) stated that “because creative activity has its own 
rewards, there are continual reinforcements of the patient as artist, which go beyond 
sensorimotor pleasure and provide genuine enhancement of self-confidence and self-
esteeem” (p. 55). Moreover, the making of art can “help children to learn how to give form 
to their feelings, especially those which are difficult or impossible to put into words” 
(Rubin, pp. 221-222). Therefore, art-making is believed to act as “primary prevention” 
(p. 235). Though many art therapists have reported feeling as if walking on eggshells 
when working with a culturally different population, Lofgren (1981) wrote that these 
interventionists “must guard against emphasizing values antagonistic to those held by 
their clients” (p. 29). The therapist needs to be aware of the child’s cultural background 
in order to set a profitable relationship for the therapeutic encounters to take place. There 
is a quantity of sources referring to the particular aspects of cross-cultural intervention; 
the art therapist may have to acquire the necessary knowledge before being exposed to 
this culturally diverse population that the relocated children compose (Calish, 2003; 
Campanelli, 1991; Dumas, Rollock, Prinz, Hops, & Blechman, 1999; Goldman, 1994; 
Rodriguez & Walls, 2000). Finally, this research paper’s ultimate aim was to explore the 
child’s “sense of belonging, … not to any one cultural group or entity, but to a creative 
open and flexible way of being in the in-between, reminiscent of Winnicott’s concept of 
play” (Wurgaft, 2007, abstract).
Chapter Three: Methodology

Choosing Construction Research Methodology

According to the Policies and Procedures Handbook (2003), the construction research method serves the researcher who aspires to create a project. It is defined as “the kind of study” that “bridges theory to practice” (p. 13). It is used when the research question strives to find an applicable outlet and concretization of corresponding theoretical understandings. Ultimately, this type of research longs to become a “useful product” (Policies and Procedures Handbook, p. 13). Since my goal was to shape a program that would facilitate the integration as well as the well-being of those geographically relocated children, the construction research method seemed to be the most fitting.

Ultimately, the outcome product of any construction research is the result of a combination of diverse research methodologies. In this research’s case, an investigation of the field of art therapy practice and some of the history-documentary methodologies were combined. To have a purpose-oriented product, it was essential to investigate the practicing field prior to the construction of this guide in order to identify and respond to a ‘real’ need. Once identified, it was within the frame of the history-documentary research method that the construction’s intentions found support. This was achieved through a review of literature, where the observed need was further explored and analysed. The final product, oriented by the collected data could then respond adequately to the need. In this research, the identified needs were related to the consequences due to geographic relocation(s) for the middle-aged child, while the purpose of the construction was to offer
an adequate therapeutic support for this specific population, through the use of art therapy solutions.

The Construction of a Guide as a Therapeutic Tool

The Concise Oxford Dictionary (1964/1976/1983) defined a guide as “one who shows the way”, “directing principle and standard”, and also as “the ground” (p. 823). The Merriam-Webster Thesaurus (1989) defined a program as being a “formulated plan listing things to be done or to take place especially in chronological order” (p. 439). In the case of this research, the intent was not to create a schedule for the therapist to follow as listed, but rather a plan that would have the flexibility to be used as a guide through the different stages involved in relocation issues. This guide has been created exclusively for the professional art therapist and the supervised student art therapist involved in a professional therapeutic relationship with relocatee. More so, it suggests a list of different tools that can be used depending on the acculturation phase of the child. Finally, the present program was conceived more specifically for individual art therapy sessions, yet it does not exclude the possibility that it can be adapted for the needs of an art therapy group context: For that matter, all activities included in this guide offer a version for group format at the end of each activity description.

When constructing this guide, it is necessary to define its structure so that outcome research can eventually be conceivable. Duncan & Arnston (2004) recommended the “Logic Model design” for the implementation of psychosocial programs, which responded well to the construction of this art therapy guide. The idea behind the Logic Model design is to “graphically represent any implicit assumptions which are guiding the design of the project” (p. 40). By drawing a Logic Model, these
“implicit assumptions” are made “explicit” and the “causal relationships” or “links between project activities”, “input”, “output”, and desired “outcome” are clearly identified (Duncan & Arntson, 2004, p. 40). Duncan & Arntson specify these terms as the ‘building blocks’ of a program’s construction. The “input” is described as what the organization has invested into the project. This part can “include resources and activities, such as financial support, materials, technical assistance, staff, and training” (Duncan & Arntson, p. 46). The “output” refers to “the immediate accomplishment of the project input”, which is the analysis of how “the inputs are actually reaching the target group” (Duncan & Arntson, p. 46). Finally, the program “outcome is what we are able to measure or observe with respect to our stated project objectives” following its implementation.

Accordingly to these definitions, if this guide was to eventually be considered to become a program, this research would therefore be at the early stage of pulling together the “input”, through the various activities, materials and approaches that have been suggested. When used as a guide, this research paper will hopefully serve as a stepping-stone for the establishment of a latter program, which ultimately would set the base for outcome research in the specific field of art therapy with the relocated child population. 

Research Participants

No participants have been used for the purpose of this study, though my personal experience as a relocated child, and today as a therapist, has influenced the organization and structure of this guide. Additionally, information retrieved from interviews and exchanges with other art therapists who are working or have worked with a population of relocated children, has also partially oriented the organization of this guide.
Personal and Field Experience: Bridges to the Guide’s Construction

Inevitably, the design of the guide was partially organized and oriented by my own past experience of relocation revealed in the Introduction Chapter of this thesis. Newman & Benz (1998) stated: “Virtually, all qualitative researchers, regardless of their theoretical differences, reflect some sort of individual phenomenological perspective” (p. 2). Even though I may have oriented my efforts in building the design of this guide on the basis of research methods in order to prevent personal bias, I could not do abstraction of what was part of me. At moments, I have permitted for my ‘story’ to resurface and guide me through choices I had to make concerning creative approaches, in what seemed to be more appropriate for the therapeutic means of this guide.

My practicum experience as an art therapist intern was an imminent point for the elaboration of the present guide. From January to April 2006, while completing my student internship in a child psychiatry section in a Montreal’s hospital, I co-led two art therapy groups composed of eight and six latency-aged children, overall diagnosed with behavioural disorders. Once a week, I was to meet with each group for 45 minutes sessions, for over a period of ten weeks. Interestingly, in both groups I was confronted with children from heterogeneous backgrounds due to their cultures, religions, beliefs and values. Most of these children were also new to the psychiatry program, while in the meantime others were preparing the end of their stay. Paradoxically, I felt as though the group needed to explore their differences in order to ‘bond’; In other words, permitting for the members of the group to establish real alliances between one another. By encouraging individual sharing within the group, the therapeutic space was consequently set. Around the theme of “The Inner Journey”, group participants created passports,
suitcases, and designed maps for themselves and later for the group. I recollect this experience as a very positive one, and it was at this moment that the idea of creating a guide for art therapists working with relocated and displaced children came about.

I have seen a similar approach and art therapeutic tools being implemented with a very different population. While volunteering for “Visual Conversations”, a collaborative project with Montreal Museum of Fine Arts supervised by Elizabeth Anthony, art therapy coordinator for the Center for the Arts in Human Development of Concordia University, the metaphor of the journey was also developed throughout five workshops with an adult population who had developmental and related disabilities. Led by two professional artists and a museum educator, the workshops consisted on producing maps, flags, good luck charms, and personalized suitcases by the participants. The artworks were displayed at the Museum from June 2006 as a closing gesture of the project. Parents, caregivers, friends and members of the community attended the vernissage, during which video-taped interviews with the participants about their artworks and the creative process were shown. The art-making process was most beneficial with this population, highlighting their uniqueness and so, resulting in the promotion of their self-esteem, which was most rewarding. These outcomes resulted in strengthening my beliefs that when applied to relocated populations, the themes and tools suggested in this research paper might respond to their precise needs. Due to their personal experience of relocation, these activities would probably increase the mirroring effect which would consequently deepen the identification product necessary to the therapy process.
Data Collection

Conducting research on previous investigations is in the realm of the historical research methodology: Indeed, it is an essential step for setting the ground to any program construction, or in this case, to a guide’s construction. Therefore, some of the history-documentary method techniques were employed for data collection. According to Policies and Procedures Handbook (2003), this research method is used when “delineating interrelationships between various fields in an historical context”, and when “developing a background perspective into a theory or problem or exploring contemporary sources and present-day issues” (p. 13). Additionally, Sproull (1988) identifies this method as “the only” one available for “studying the past” (p. 152). In the preceding chapter, a review of literature was completed in attempt to analyse certain interrelationships found between the fields of cross-cultural psychology, culture shock psychology, bereavement psychology, developmental psychology and finally, art therapy. Divergent concepts have been woven together in order to support this research intentions.

To do so, the researcher “finds and uses the already existing data which can not be changed or manipulated” (Sproull, 1988, p. 152). Consequently to this research method, bibliographic sources were gathered from Concordia University, McGill University, and l’Université du Québec à Montréal libraries. These sources were found through manual searches (card catalogues, indexes, bibliographies) and computer database searches (Clues, PsychInfo, PsycArticles, ProQuest Dissertations, and Theses) in which the keywords “relocation”, “relocated”, “migration”, “migrant”, “displacement” were used alone, and in combination with the keywords listed further. Sources on the use of art therapy in applications to the population of middle aged children were scarce.
Consequently, sources on art therapy applied on different child population were gathered, as well as any information that would define the particular needs of this population. Keywords such as “latency aged”, “middle aged”, “third culture kid”, and “school aged” were used to enlarge the scope of the search. Materials included in this paper were judged by their pertinence to the research question, and have responded to an adequate level of validity.

In order to gather the most current art therapy techniques used with relocated middle aged children, but also for the historical interests of this paper, another form of investigation was achieved to retrieve other pertinent sources that might have otherwise been neglected. There was a considerate number of practicing art therapists who had designed projects and programs, though their work had not yet found promotional exposure, nor had it been published. The search was achieved throughout the region of Montreal. An e-mail was sent out on the Yahoo Group of the Canadian Creative Arts Therapists (See Appendix A). Some art and drama therapists answered positively to this call via correspondence, telephone and in person interviews. The search was fruitful, considering that they were only a handful of pioneers to have worked with a relocated population. A short assessment (See Appendixes B and C) was given or sent to those therapists who responded to the e-mail. In the following section of this chapter, a review of all these findings confounded to a historical overview of construction methodologies completed in art therapy was achieved.

*Art Therapy Constructions: A Historical Overview*

Although sparsely documented or published in the art therapy field, only a few art therapists have used the construction research methodology. This method has mostly
been employed when seeking the implementation of effective social structures. In art therapy, concepts have become applicable through these structures, such as programs created to respond to school settings needs, but also to respond to populations of children and adolescents, and of immigrants and refugees.

In 1983, the American Art Therapy Association published *Art Therapy in the Schools: Resource Packet for Art Therapists in Schools*, as an initial tactic toward establishing a permanent approach for art therapists practicing in schools. This initiative was pursued and elaborated by Bush (1997), as she developed a thorough analysis of how art therapy programs could be designed to fit the American school curriculum. Bush supported her plan with the conduct of pilot studies, and illustrative case-studies.

In Canada, another use of construction research method has also been documented for the design of what would be an ideal art therapy program, suggested by AuCoin (2001). In her attempts to define how an art therapy program could be installed in Nova Scotia, she elaborated an ideal prevention program suited for the child population at risk. Finally, another published construction research was created by Gagnon (2002), in which she organised and applied a program aiming to enhance the development of emotional intelligence in pre-adolescent groups.

In Montreal, Quebec, rigorous constructions and outcome research applied on immigrant and refugee child and adolescent populations have been conceived and pursued over several years (Rousseau et al., 1999; Rousseau et al., 2002; Rousseau et al., 2003; Rousseau et al., 2004; Rousseau et al., 2005a; Rousseau et al., 2005b; Rousseau et al., 2005c). For the purpose of the present research inquiry, only Rousseau et al. (1999, 2002, 2003, 2004, 2005a, 2005c) studies focusing on the school age child population
were considered. Rousseau et al. (1999, 2002, 2003, 2004, 2005a, 2005c) approach was based on a combination of three non-verbal and verbal creative expression workshops which would unravel in the following structure: (a) In the first activity, children would listen to a variety of myths, legends and tales of minority cultures and then create response drawings; (b) in the second activity called “The Trip”, children would draw a character’s evolution through the four phases of immigration being the past, the trip itself, the arrival in the host country, and the future; and (c) in the third activity, children would collect myths and tales from their families and communities to then integrate them within the school patchwork called the “Memory Patchwork”. These three activities have shown positive study outcomes in terms of assessment made of the creative approaches and tools’ effectiveness in preventing emotional and behavioural problems, as well as promoting the self-esteem of these immigrant and refugee children.

In continuity to these researches, Health Canada sponsored the “Art et Conte” program, based of the first activity of Rousseau et al. pilot study, with the support of Park-Extension Youth Organization (PEYO) (de Beaumont, n.d.). The “Art et Conte” program is structured on a span-time of ten to 12 weeks, operating on one weekly session of two hours (de Beaumont, n.d.). It uses story-telling to stimulate creative processes and responses in children’s artwork (de Beaumont, n.d.). To this day, “Art et Conte” is offered in Montreal’s Park-Extension neighbourhood primary schools, and serves the growing population of first and second-generation immigrants and refugees (de Beaumont, n.d.).

With quite similar intentions, Anouval (2004, May), art and ethno therapist, has created a school setting art therapy program for a French High School in the greater
Montreal sector. The main endeavor of the program was to follow youth at risk of bereaving the loss of their native land, and supporting their adaptation process through the use of artistic activities. In order to be part of the program, vulnerability criteria were considered. These criteria included youth from countries at war dealing with political instability or not, youth with residential status pending, youth experiencing parents’ divorce or separation, youth with low social skill, isolated, marginalized, and demonstrating or not low self-esteem. Using a client-centered approach in conjunction to art therapy techniques, the program consisted of 13 weekly workshops of 1 hour and 15 minutes. It was applied within a group format composed of ten participants. For this modality, in order to reproduce the standards of ethnotherapy practice, the group leaders consisted of an interdisciplinary and intercultural pair.

In July 2004, the “Chez-soi/Home” project, a three-week workshop which happened at the Montréal, Arts Interculturels (M.A.I.), with the support of the City of Montreal (Interculturalism Support), the Canadian Council for the Arts (Artists and Community Collaboration Fund) and Canadian Heritage (Multiculturalism Program), took place as a special program of PEYO’s regular summer camp (A. Singh, personal communication, February 11, 2007). “Chez-soi/Home” project was conceived, co-organized, and supervised by an ad-hoc committee consisting of Dipti Gupta, Jaswant Guzder, Abha Singh, and Peter White (A. Singh, personal communication). Dipti Gupta, a teacher at Dawson College, is also a filmmaker and the current president of Teesri Duniya Theatre (A. Singh, personal communication, February 18, 2007). Dr Jaswant Guzder, Head of Child Psychiatry and director of Child Day Treatment at the Jewish Hospital, is also an associate professor in the McGill Department of Psychiatry and a
practicing artist (A. Singh, personal communication). A clinician involved in Transcultural Psychiatry, Abha Singh is also an art therapist who has participated in sandplay & creative expressive workshops in multiethnic schools; currently works at Kahnawake Social Services with native India families, and Auberge Transition with women & children who are survivors of domestic violence (A. Singh, personal communication). Her current research interest includes immigrant and refugee South Asian young women and mental health (A. Singh, personal communication). Finally, Peter White is an independent curator and writer in Montreal (A. Singh, personal communication). The “Chez-Soi/Home” project consisted on developing the creative expression of “…16 immigrant children... [between ages] six to 12 years” (Sze, 2004, para. 2) coming from “war-torn countries” (para. 8), today established in Montreal’s Park-Extension neighbourhood: “…one of Montreal’s neighbourhoods that have historically welcomed new immigrants to the city” (A. Singh, personal communication, February 11, 2007). The participants had been selected through an art contest where they demonstrated exceptional artistic talent and creativity (A. Singh, personal communication). The project aimed to help those children share their personal stories through the creation of “artwork on a variety of themes” (Sze, para. 2), in order to “help them find meaning and worth in their individuality from their newfound Montreal perspective” (Sze, para. 10). Through personal communication, Abha Singh described the project as a “response to the complex issues of identity faced by those who are relocating in increasing numbers to Montreal from around the world”. She added that the project was “intended to enhance awareness of the larger community on the nature and challenges of the contemporary experience of displacement and relocation”
(A. Singh, personal communication). Even though the project benefited from the collaboration of art therapy students, it was not elaborated for therapeutic means (A. Singh, personal communication).

Of course, the material listed above is non-exhaustive, thoughcompasses the diverse art therapy projects and programs which have been created and implemented, thus revealing and confirming a ‘real’ and actual need among the multi-ethnic population of the region of Montreal.

Building on a Continuum: Delimiting the Guide

In this section, the delimitations for the guide have been drawn in order to understand the distinct purpose of the present research. Research and projects mentioned in the above review of art therapy constructions have been explored in order to ground the guide, and add on to this continuum in the art therapy field.

Similarly to Rousseau et al. researches (1999, 2002, 2003, 2004, 2005a, 2005b, 2005c), the "Art et Conte" program (de Beaumont, n.d.), the school-based art therapy program constructed by Annoval (2004), and the "Chez-soi/Home" project (Sze, 2004), the population in focus for this guide does include immigrant and refugee middle-aged children. Differently to Rousseau et al. researches (1999, 2002, 2003, 2004, 2005a, 2005b, 2005c), the present guide does not focus more specifically on immigration and refugee issues. Therefore, if applying this guide on refugee and immigrant children, the art therapist should be aware that it does not explore issues of trauma and violence, a wide-spread characteristic related to those particular populations.

Since the use of myths and legends in art therapy has been thoroughly explored in previous researches, this guide has been dedicated to the exploration of other techniques.
Though the use of myths, legends and stories have proven their effectiveness and positive results with immigrant and refugee children, for that matter, references to Rousseau et al. (1999, 2002, 2003, 2004, 2005a, 2005b, 2005c) work is recommended.

This guide presents a variety of tools for the art therapist to choose from and apply on any individual between seven and 12 years of age who has experienced geographic relocation. Differently to Rousseau et al. (1999, 2002, 2003, 2004, 2005a, 2005b, 2005c) work and PEYO's school program "Art et Conte" which were conceived for a majority of children from relatively low income families settled in the limited Park-Extension neighborhood in Montreal, this guide offers the possibility to extend art therapy to those children outside of the Park-Extension parameters suffering from relocation issues. Now, any child who has moved away from their home can benefit from art therapy: This guide was especially created to encounter their psychological needs, and offer preventive strategies regarding relocation issues.
Chapter 4: The Art Therapy Guide
For a Relocated Child’s Adaptation Process

In the following sections of this chapter, creative solutions have been gathered and combined in order to engage, stimulate, and reinforce the therapeutic process of a child recently re-established in a new environment. The following creative tools have been chosen and detailed in accordance to the stages of cross-cultural adaptation including those of the grieving process occurring after a move. Parallels between the stages defined by both theories have been drawn and reviewed in Chapter Two of the present research paper (see Stages of Cross-Cultural Adaptation and the Grieving Process: Organizing the Guide, p. 14). More so, my own experience as a child in transit, as well as my practice as an art therapist intern in a multi-cultural psychiatric child setting, have oriented the selection of the following listed activities. Furthermore, the gathering of ideas, themes, and experiences of other art therapists has also contributed to the shaping of these potential workshops.

The following sections have been organized in order to best serve the art therapist. The guide has been divided into three parts: the arrival, settling down, and moving forward. All parts are headed with some psychoeducational information about the emotional state a relocated child may be going through at the given phase. Hopefully, the art therapist will reach a deeper level of understanding concerning the issues at stake within this population: the grieving of multiple losses, accompanied by the difficulties of the adaptation process. Following the psychoeducational information, a selection of therapeutic activities is presented. This selection has been adapted to respond to the
particular needs of the school-aged child. Following each activity, the reader will find the list of material needed, the procedure, an explanation for the therapeutic purpose of the activity, along with suggestions for warm-up tips done before starting the chosen activity. Finally, group format adaptations are also available, and have been included at the end of each activity.

Part One: The Arrival

As the Boeing 747 sped down the runway, Erika sat inside with seat belt secure, her chin propped against a clenched fist, staring out the window until the final sights of her beloved Singapore disappeared from view. How can it hurt this much to leave a country that isn’t mine? Erika closed her eyes and settled back in the seat, too numb to cry the tears that begged to be shed. Will I ever come back? ... Isn’t there anywhere in the world I belong? She wondered (Pollock & Van Reken, 2001, p. 5).

Despite how the decision of the move was taken, arriving in a new place with the knowledge that it will be your new home can stir up a whole range of feelings. During my childhood, I remember the mixed feeling of sadness, nervousness, and the shock every time my family and I would arrive in a new city that we were to consider as our new home. During those moments, I would be invaded by a sentiment of strangeness. Similarly to Erika’s description of her leaving Singapore, I could not help but question my belongingness to a place that I could not identify as my native land. This identity issue is a concern that most refugee, asylum seeker, or Third Culture Kid (TCK) will come across at one point or another during the arrival phase of the relocation. Whenever the hope of returning back to where I came from would surface in my mind, it was most
unsatisfying: A void was left over from the desire of such a possibility. That precise
ing feeling of emptiness and sorrow could be quite intense, as it would be for any recent
relocated child being a TCK, an immigrant, a refugee, an asylum seeker, or having to
relocate as an aftermath of parents’ separation or divorce. Too often was I to leave a
place and arrive in a new one knowing that it was actually the end of my previous life.
Indeed, it was a constant: A ‘new beginning’ could only be after the ‘death’ of the other
‘world’. Every move felt as dramatic as Erika’s description above: Despite the fact that
starting anew can be quite exciting and new opportunity for positive outcomes, it remains
in the realm of the unknown. This thought can be quite frightening for a child. Therefore,
the weaving of idea of starting anew and ending with the past needs to be recognized at
the very beginning, as it will probably be a main thread for the therapist to follow
throughout the treatment. The therapist can help the child identify this thread by
exploring the differences between the two places. For instance, when arriving in a new
place, everything is so different for the senses: the airport, the people, the language, the
greetings, the voice intonations, the cars, the scenery, my house, my bedroom, my
furniture, my school, my friends, my teachers, my food, my television channels, etc. In
fact, what had been taken for granted is probably gone in a flight. This can be most
anxiety provoking during the arrival phase. The addition of all these little changes could
make the relocating experience overwhelming at times.

According to Yoshikawa’s (1988) cross-cultural adaptation model, Erika’s
description echoes the definition of the contact stage. At this point, the individual
“...sees one’s own reality in the second culture. The differences one sees may not be
threatening, but intriguing. Some individuals may experience this as a ‘honeymoon’ stage
in which everything different is new and exciting” (Yoshikawa, 1988, p. 141). A link has been made between this stage of cross-cultural adaptation, and the first stage of Klübler-Ross (1969) model of bereavement, identified as the denial and isolation stage. Indeed, these stages share quite similar processes. In denial, there is a notable function of the rejection of a reality, whereas in the honeymoon phase there is an unrealistic perception of the experience, which is another way of avoiding the reality. Klübler-Ross describes the function of denial as follows: “...A buffer after unexpected shocking news, [it] allows the patient to collect himself and, with time mobilize other, less radical defences” (p. 39). In addition to the denial, there is the isolation issue during this phase. For instance, this feeling can be felt when an individual becomes conscious of the uniqueness of her or his experience. Through a single move, a person can set much distance between oneself and loved ones. Regarding children, isolation can even start at home: All family members will probably experience the transition very differently from one another, and so will not share the same experience. Additionally, a child might feel isolated when arriving in a new school where they have not made friends yet. This feeling of isolation might be accentuated when realizing how relocating is unique in comparison to the reality that the majority of other children might have never moved in their lives. For this particular reason, I advise that emotional support is made available to all the new children of a school.

The activities included in the first part of the guide (activities 1, 2, and 3) are oriented towards helping a child identify the necessary resources and skills in order to enhance self-esteem and empowerment. These activities have been gathered in hope to
prepare and support the process of a child through the following stages in part two and
three of the present guide.

*Activity 1: The Making of a Passport*

1.1. *Material needed.*

An 8.5” x 11” coloured construction paper pre-cut in half, four 8.5” x 11” white
papers, a stapler including staples, a ruler, one black felt pen, a pencil, and colouring
material such as felt markers, crayons, and coloring pencils. If possible, a personal-scale
and a measuring tape can be used to take the child’s measurements. A map of the World
could also be useful.

1.2. *Therapeutic purpose of the activity.*

The idea of creating a passport emerged while brainstorming for various themes
and ideas related to the experience of relocation, after recollecting my own experience of
moving and crossing borders as a child. Additionally, during my practicum experience, I
was concerned by finding an activity that would engage a group of latency-aged children
into working together, despite their multi-cultural heritage: At best, they would learn
more about themselves, and maybe even use this personal information within their
interactions. Since I possessed my own passport, I have kept even those that had expired
in order to keep track of my different ‘homes’. Indeed, the passport holds an imminent
symbolic reference for the individual who has lived abroad. Not only does it confirm
one’s civil status and individual rights abroad, but it is regarded as a proof of its
bearer’s origins: The making of a passport acknowledges the child’s cultural identity.
Hence, the purpose of this activity contextualizes the child within her or his new
surroundings and culture. There is a need to explain the function and value of the
passport, so that a relocated child is able to understand it. More so, not every relocated child has crossed a country’s border. Nevertheless, the experience of making one’s own passport offers some ‘therapeutic space’ in means to ground what is ‘still there’ and ‘permanent’ within themselves, even after a relocation.

1.3. Procedure.

On the four white pages, the art therapist can make a symmetrical fold following the horizontal position of the page in order to find its center. The folding should be repeated for each page. Again, these pages should be folded, but this time on the vertical position. This should result in four rectangles on each of the two pages: Each rectangle will become a page for the passport, once they will be cut out. Depending on the therapist’s judgement and the child’s needs, each page can show a title, such as “this passport belongs to”, “information about myself”, “things I like”, “things I dislike”, “other things that I am”, “my family”, “places I’ve been to”, “things I miss”, “people I miss”, or any other significant title which may be worthwhile exploring in therapy with the child (see Appendix D). Additional pages can be added to the passport for the child to use as extra space. The passport is to be used as a thought-processing booklet throughout the therapeutic encounters. Finally, its use can also be discussed with the child. See Figure 1 for an example of the final product.

1.4. Warm-up tips.

As a warm-up to the making of the passport, the word identity should be defined and explored with the child. For children’s sake, I define it as a word used to describe all the ‘things’ which makes one unique. Examples such as the first, middle and last name, the birthday and the birth place can be mentioned. The map can be useful for this
discussion. Physical aspects can also be considered, since they create one’s personal appearance. Physical aspects to be considered are one’s height, weight, hair color and texture, eye color, skin color, sex, and family rank. A scale and a measuring tape can help the child understand how physical traits make one different from another person. The idea of the exercise is to increase the child’s awareness that no one is alike, therefore defining the meaning of identity.

1.5. Group adaptation.

If using a group format, repeat the procedure as explained earlier. Once all the members of the group completed their passport, each child can be invited to give a short presentation of their passport to the group. Then, the therapist can ask the group to highlight the similarities as well as the differences within its members in order to validate each child’s unique identity.

Figure 1. An example of a constructed passport after following the above procedure.
Activity 2: The Traveller’s Suitcase

2.1. Material needed.

Ideally, for this activity, the use of a real suitcase could make the creative experience quite real for a child who has recently moved. While volunteering for the “Visual Conversations” (for more details, see Chapter Two of the present research paper, p. 27), Marissa Largo, visual artist, introduced the use of the suitcase within one of the group workshops. The final product, along with the participants’ experience of their creative investment, both had a very positive outcome. Therefore, it could be a good idea if the child or the art therapist can obtain a second-hand suitcase for this activity. It needs to be considered that the suitcase will be used as a canvas for this art activity. Ultimately, it will act as a secure ‘art box’, in which the child will accumulate her or his artworks achieved throughout the sessions. An advantage of using a suitcase rather than a folder is that it can include three dimensional objects, such as clay sculptures. If the use of the suitcase is not possible, a large surface of cardboard or even a cardboard box will do the trick. The art therapist can have at the child’s disposal the following material: magazines, scissors, glue, felt markers, crayons, masking tape, popsicle sticks, wool, different textured materials such as colored paper foils, cotton balls, pipe cleaners, buttons, beads, artificial plants and flowers, game money, sales paper from various food market etc. For this activity, the child is invited to bring objects and pictures which have a significant value to her or him. If possible, the art therapist can bring some travelling stickers to put on the suitcase, as well as travelling tags, usually furnished by travelling agencies. Finally, a dictionary of the World’s country flags could also serve the child who wants to illustrate their country of origin’s flag.
2.2. Therapeutic purpose of the activity.

Referring back to Waller’s (1993) “self-box”, this activity shares a similar therapeutic purpose, though has been conceived in order to offer more effective mirroring to meet the relocated individual’s needs (p. 59). Similarly to the self-box, there is something quite reassuring in working within the limits provided by a contained space, such as a suitcase. In reminiscence of Winnicott’s (1971/2001) “holding environment” provided by the therapeutic encounter, this same holding is therefore repeated through the containment offered by either the box or the suitcase. Additionally, this workshop should be quite beneficial for the relocated child who may be feeling homesick, since the permanence provided by the container should nourish them with some emotional comfort.

Additionally, it might be “useful to introduce it at the beginning [of the therapy]”, since this activity can inform the art therapist on the child’s personal versus social identity dynamics: It could help the child “to reflect on how much… they hide or disguise their feelings (or ‘real selves’) in the interest of conforming to other’s expectations (or expectations of their own)” (p. 59). As a result, the creative process of this activity could promote the child into recognizing her or his emotions throughout the transitional process of relocating, as well as engage the child into redefining her or his system of values.

2.3. Procedure.

In a situation where the acquisition of a suitcase is feasible, the procedure will then be quite simple, since the container will not have to be constructed. First, the art therapist needs to verify and approve the space provided by the suitcase: It is remembered that it will act as the child’s art box or folder, in which all of the child’s artwork will be
kept safely. It is up to the child on how she or he wants to organize the interior and exterior of suitcase. To do so, the child is encouraged to draw, paint, cut-out magazine images which can then be glued on the inside and the outside of the suitcase.

If acquiring a suitcase for the child is not possible, then the art therapist and the child can participate together into the creation of a ‘folder-suitcase’. To do so, the art therapist can help the child decide on the size of two cardboard panels or strong and resistant construction paper. These panels can be cut and folded into a suitcase shape: The size of the suitcase needs to be large enough in order to contain eventual art productions. Both sides of the panels need to have identical measurements. Once completed, the child can cut out some handles in cloth material of her or his choice. To assemble the two panels of the suitcase, the art therapist or the child can either poke holes in the cardboard pieces in which a thread can then be woven through. If using construction paper, a large masking tape can be placed inside and outside the lining of the two cardboard pieces. For the handles, these can either be glued onto the boards, but if needed to be resistant, I suggest stitching them on the edge of each board. By then, the ‘folder-suitcase’ should have taken shape, offering a large surface on which the child can reveal her or his creative abilities. Figure 2 is an example of the two types of Traveller’s Suitcase: One is created on a second-hand suitcase, while another was created with construction paper.

2.4. Warm-up tips.

For this activity, the art therapist can start the workshop by asking the child if she or he had a suitcase at the arrival. If so, the therapist can help the child identify objects and other possessions she or he thought of bringing along in this new place. Again, the art
therapist needs to be aware that not all relocated individuals necessarily arrive with a suitcase. For instance, asylum seekers may have escaped from their country, leaving behind all of their belongings. In the case of a child asylum seeker, I suggest redirecting the workshop toward what the child would have brought along in her or his suitcase if she or he had had the time to gather her or his possessions before the move.

With a more mature child, the metaphor between the Traveller's Suitcase activity and one's own identity can be pushed to another level. For this workshop, the art therapist can suggest the child to construct a list of her or his various qualities and personality traits. With this list, the art therapist can then encourage the child to associate symbols to the traits and qualities. Once the symbols have been decided upon, the child can proceed into creating them visually, either in a two dimensional image, or as a three dimensional object.

2.5. *Group adaptation.*

In a group, the children are encouraged to work individually on their suitcase. A presentation of each one's suitcase could follow-up their creation, depending on the group's decision. The member's of the group should be given the choice to share or not to share their personal information about the material enclosed in their suitcase with the others.
Figure 2. An example of the two types of Traveller’s Suitcase: The one on the left was created directly on a second-hand suitcase, while the one on the right was created with a folded resistant construction paper.

Activity 3: Sketching Out My Arrival

3.1. Material needed.

Gouache or acrylic paint colors, paintbrushes of different sizes, water containers, mixing color palettes, newspaper, various colored construction paper, 8.5” x 11” white paper, masking tape, oil pastels, dry pastels, coloring pencils, felt markers, led pencils, one picture frame per child (at best, chosen by the child).

3.2. Therapeutic purpose of the activity.

Children who have recently been displaced and relocated to a new environment in order to start anew may feel that they have lost control over their lives, sometimes leaving them in a cloud of confusion concerning their educational path and social life
(Furnham, 1988; Ward, 1996). Hence, this activity aims to encourage the externalization of this disorientation and confusion. Since latency-aged children have not necessarily developed inductive logic thought processes, art therapy can offer alternative ways to advance their transitional situation: A more concrete approach is possible when art therapy is combined with cognitive-behavioral methods, which may best serve this specific population at this point (Rosal, 2001). “There is much experiential evidence in art therapy that the giving of form to complex feeling is in itself helpful. Perhaps this is true because it enables the creator to feel some control over the confusion....” (Rubin, 2005, p. 269). The use of coping skills strategy with children can help them identify some adequate solutions to stressful situations related to their move. Consequently, it can help them experience “a greater sense of control over their lives” (Rosal, 2001, p. 212).

In this activity, the aim is “to decrease faulty thinking patterns” and “to increase solution generation and behaviour choices” achieved through creative explorations of themes such as “draw[ing] situations and events”, and “draw[ing] solutions to a problem” (Rosal, p. 216). It is expected that the feeling of control will stimulate and increase the feeling of security with this population: This feeling of security is believed to be primordial before a therapist can engage into a therapeutic alliance (Rubin, 1984; Waller, 1993/1996/1999/2002; Weiner, 1998). In order for the therapist to attend the grieving process of a child, the second part of the activity hopes to identify and acknowledge the child’s loss. As for the third part of the same activity, it rather focuses on identifying the child’s expectations as a way to buffer any discrepancies which could compromise the child’s adjustment (Furnham, 1998). Doing so could also promote and install hope, which is another important factor to ensure a successful therapy (Waller; Weiner).
3.3. Procedure.

This activity is divided into three parts: In the first part, the child explores her or his perceptions and emotions related to the arriving moments of the first days of the relocation. In the second part, the child is invited to look back and process on objects, people, and matters from the previous home that she or he may be missing. In the third part of this activity, the child is encouraged to investigate her or his own expectations about the transition. All three themes are explored through the creative process, which is achieved by illustrating these thoughts. Drawing, painting, and making collages are other suggested techniques for this exploration. In the first part of the activity, the therapist can ask the child to illustrate that ‘one moment’ which seems to best describe their overall feeling about the move during the arriving phase. Any art material can be used for this picture. As for the second part of the activity which is mostly concerned with grief and loss, clay or any illustrative material can be used. Once completed, the final image resulting from the second part of this activity can be either framed, or in the case of a clay sculpture, exhibited to commemorate the loss. To engage the child in this difficult process, the art therapist can guide the child by questioning if there were any objects, pets, or special people that will be missing in this new life. Finally, the third part of this activity is suggested in order to help the child think about the different possibilities that the relocation is bringing along. To do so, the art therapist can ask the child to show anything she or he is looking forward to, a positive ‘thing’ the move added in her or his life. An example of the completed artworks achieved through this activity is given in Figure 3.
3.4. *Warm-up tips.*

Prior to this activity, the art therapist can open the session by leading a guided imagery to help the child remember details of the other home, and gradually reach the point of the departure. Inquiring about the child’s arrival may be another way of approaching the issue: Questions about the duration of the road ride, the flight(s), the packing process, the waiting, the experiences with food, etc. can all provide the therapist with more information about the state of mind of the child.

3.5. *Group adaptation.*

The same activity can be achieved within a group format. More so, the children can benefit from the group interactions, sharing of solutions, and mirroring games. The art therapist can suggest the children to identify positive features in the last image completed by each group member.

*Figure 3.* An example of the completed artworks achieved by following the procedures in Activity 3.
Part Two: Settling Down

"Culture is created only in the confrontation between cultures as ‘self’ is created only in the confrontation between selves" (Travick, as cited in Mathews, 1988/2002, p. 347).

Settling down implies much more than the physical aspect of emptying boxes and arranging one’s possession and furniture into a new home. In the *Merriam-Webster’s collegiate dictionary* (1993), to *settle* refers “to place as to stay”, and interestingly, the term also refers “to sink gradually or to the bottom”, illustrating the enrooting process occurring over time. Personally, the expression to *settle down* evokes the following image: Emerging out of some chaotic momentum, a decent tempo is finally reached, where one can start to ‘think’ again.

An example of this phase can be given as follows: the first few days of school of a new student. Entering a new school is a huge task in itself: learning the new environment, understanding new schedules, meeting new people, and learning about new responsibilities are all important factors that can compromise a successful integration if not achieved properly. During the phase of settling down, the freshness of new possibilities can be sensed, though they may not be quite clear at times. According to my experience of starting anew, it was this freshness that used to compel me to ‘anchor down’ and ‘give it a try’ whatever were the challenges. In that respect, settling down was all about creating my space in the host society. Often, the quality of my adaptation in a new place rested upon the quality of my interactions with others. Based on my trials and errors in my relationships, I would gradually learn about the new school’s culture, such as its social code of interacting and behaving. Again, it takes time to allow oneself to ‘sink
in' and find one's place in a new environment. Challenges and confrontations are inevitable. Therefore, the art therapist needs to remind the child that with some patience, a better situation will eventually come along.

The phase of settling down is initiated when the second stage of the cross-cultural adaptation model, *disintegration*, is attained (Yoshikawa, 1988). At this stage, the individual will start noticing many "discrepancies between the first and second culture", which can highlight certain moments of shock, also known as "culture shock", particularly for cases of cross-cultural relocations (Yoshikawa, 1988, p. 142). As a response and protection to this shock, some may refuse the change by expressing their anger; indeed, the qualities of the disintegration stage are reminding those of the *anger stage* in the grieving process. For instance, anger upheaval can occur when a child is rejecting the reality of the relocation (Pollock & Van Reken, 1999/2001; Storti, 1997). In fact, anger can be expressed through the child's lack of involvement in activities offered in the new environment, and by cultivating the wish to go 'back home' (Pollock & Van Reken; Storti). At worse, the child may even 'shut down' and feel resentment toward the whole situation (Pollock & Van Reken; Storti).

Yoshikawa (1988) stated that one's tentative "...to find a solution to a difficult situation" is an inherent characteristic of the third stage of cross-cultural adaptation, *reintegration*, a more advanced stage in the settling down phase (p. 142). He adds that "during this stage, some individuals switch back and forth between the first stage, [contact], and the second stage, [disintegration]" (Yoshikawa, p. 142). Individuals can "experience an identity crisis", which becomes evident when one is feeling as though "being caught in two cultures... in search of a sense of belongingness.... and [is]
question[ning] the condition of their existence” (Yoshikawa, p. 142). Accordingly, Pollock and Van Recken (1999/2001) have found that “a severe loss of self-esteem sets during this transition stage” (p. 67). These authors specify that one’s “…position in the new community is… of statuslessness”, which is best explained by the idea that “the new comers by definition don’t fit in” (Pollock & Van Recken, p. 68). In accordance to the knowledge that “being a member of a group can add to identity through a feeling of belonging to an entity larger than oneself[,]…” it is believed to be healthy when a child demonstrates the urge to ‘fit in’ (Buss, 2001, p. 88). Behavioural patterns which may be observed at this point in therapy share a resemblance with the bargaining stage and the depression stage, both part of the bereavement process. The bargaining stage, as identified by Kübler-Ross (1969), is experienced when a person first refuses a reality, followed by attempts to negotiate its condition. Indeed, a relocated child can try to bargain her or his condition by attempts to ‘solve’ issues caused by the move. This phase is marked by “hav[ing] second thoughts” and “consider[ing] another approach” (Kübler-Ross, p. 82). Similarly to the trial and error approach, the bargaining stage uses tactics grounded in the belief that, “based on past experience… there is a slim chance… [a person] may be rewarded for good behaviour and be granted a wish for special services” (Kübler-Ross, p. 82). Finally, the depression stage may develop when a profound feeling of sadness caused by the many losses resulting from the move is finally recognized by the child and validated by the therapist.

In the following activities, this coping style in the confrontation of loss is recaptured for further therapeutic exploration. The art therapist can follow the child throughout the recollection process of her or his fragmented lives. Based on the trial and
error approach, the child can explore different ways of presenting oneself, in order to ‘fit’ and function in a more ‘acceptable manner’ more suited for the new environment, while preserving the child’s nature. Resulting from these changes in the Self, it is the child’s self-esteem that may be at stake (Buss, 2001; Furnham, 1988). Therefore, self-esteem issues should be attended to, while offering the child a continuous validation of the loss and the efforts invested in the adaptation process.

Activity 4: Making a Map of My New Surroundings

4.1. Material needed.

From a large roll of Kraft paper, the child can choose the length and size of the intended map. If the child wishes to construct a three-dimensional space to add unto the map, a small box can be used to that effect. Any drawing material such as large-sized tips coloring felt markers, coloring pencils, crayons, dry and oil pastels, are all recommended for this activity. Since the map might be rolled-up eventually, paints should not be used in order to prevent it from cracking and chipping away. Any images from magazines, personal photographs, along with a pair of scissors, glue, masking tape, a ruler, colourful pipe-cleaners, glitters, thread, colourful construction paper, and different textured paper and materials, all can be used for this activity.

4.2. Therapeutic purpose of the activity.

The purpose of this activity is to help the child get acquainted with her or his new surrounding, as well as to encourage the child to meet new people. At best, a mentor can be identified and chosen with the child. According to Pollock and Van Reken (1999/2001), having a mentor is a key element to a positive adaptation process, since this individual can act as a “bridge” by “introduc[ing] the new community to” the child and
the child to it (p. 209). Therefore, this activity may ‘push’ the recently relocated child to explore and engage into the discovery of the new environment. Furthermore, the inclusion of a mentor may even serve as prevention against isolation. The map can even serve as a measuring tool of the child’s knowledge of her or his new environment: The child will witness the gradual filling of the map, which is most encouraging.

Finally, the second part of this activity, a three-dimensional construction achieved with a shoebox actually recaptures the therapeutic virtues of Activity 2, fully described in the previous section.

4.3. Procedure.

Prior to engaging into this activity, it is suggested that the art therapist establishes the necessary arrangements with the school in order to find a mentor for the child. Once the child has toured around her or his new environment in company of the selected mentor, the process of creating a map can begin. The art therapist can suggest the child to identify all the areas which have been visited, and other areas which now compose her or his new life. The child should be reassured that the map doesn’t need to be like the ‘exact world’, but should only be its representation. In the matter of map-making, Liebmann (1986) suggests to “draw bus, ambulance, walking or cycling routes to school, club, hospital, day center, etc., or to any place of interest” (p. 130). Once the creation of the map has started, the child can identify which of the areas and places she or he feels most comfortable and at ease. The same can be done with the areas and places the child mentions feeling less comfortable. Each of these areas can be identified by a symbol or color, depending on the evoking emotional state: For example, a yellow flag can be used to represent a comfortable area, as a purple ‘x’ can be used in order to show an
uncomfortable area. Since this activity is a progressive one, these areas can be modified throughout the sessions. The art therapist can encourage the child to express the underlying reasons why she or he feels this way about these particular places.

As an extension to this activity, the three-dimensional construction achieved with the small box can be created and placed on the map. The child can be encouraged to create an ‘ideal comfort space’ using the listed material above. To have an idea of how the artwork of this activity can look like, see Figure 4.

4.4. Warm-up tips.

This activity can be initiated with quick sketches done by the child, following a discussion about the similarities and the differences observed between the previous home and the new home. In order to stimulate the child’s creativity, maps of all kinds can be shown to the child.

4.5. Group adaptation.

If using this activity within a group format, I suggest that its members first work together, as a team, on the map’s creation. First, they can start by brainstorming: They can share all of their ideas by forming a round-table. Second, since the art therapist will have kept track of all given ideas these can be reviewed at the end of the brainstorm. Children can vote for the ideas they wish to see on their group map. Third, these ideas can be divided into feasible tasks for the children to realize. Once the map has been completed, each child can work on creating their own three-dimensional ‘soothing space’ using small boxes. Finally, they can include their ‘soothing space’ on a chosen area of the map, or marking this area of where it could be found directly on the map.
Figure 4. An example of a map including ‘comfortable areas’, ‘uncomfortable areas’, and a three-dimensional construction of an ‘ideal comfort space’.

Activity 5: Wearing All the Masks

5.1. Material needed.

An art shirt is suggested for this activity, roll-strips of plaster of Paris, a plastic mask or other mask that will be used as a base for the moulding of the plaster, a pair of scissors, masking tape, a container of water, petroleum jelly, soap, various coloured paints, various sizes of paint brushes, a hair-dryer, and newspapers to protect the working surface.

5.2. Therapeutic purpose of the activity.

This activity pursues the creation of two masks: The first mask is used in order to explore how the child perceives herself or himself, while the second mask is used to explore how the child perceives others. Hence, the mask activity encourages the child to
develop *perspective taking* and *empathy*: “Perspective taking emphasizes the cognitive reaction to another’s suffering: Using imagination to put yourself in the other’s shoes. Empathy emphasizes the emotional reaction to another’s suffering, signified by the terms sympathy and compassion” (Buss, 2001, p. 236). The mask-making activity offers an opportunity for the child to develop perspective-taking skills and empathy skills while applying it to the experience of being relocated. This activity can respond to the relocatee’s need to and understand patterns of behaviour of the new culture, while stimulating the development of specific cultural skills: Therefore, this activity could reduce the anxiety provoked by some of the cross-cultural adaptation issues (Furnham, 1988; Ward, 1996).

### 5.3. Procedure.

First, the art therapist can motivate the child to create a mask reflecting her or him. Then, a second mask can be completed, this time representing ‘the others’, or if the child prefers, an individual from the new environment. To start this activity, the room must be installed properly: After placing newspapers to cover the table surface, pieces of pre-cut plaster pieces, and container of warm water are set. If time allows, the plastic mask should have been covered with the petroleum jelly. In the case of a child wishing to do the mask directly on her or his face, she or he needs to be aware that it will take a certain time before the plaster can dry on her or his face. Once the jelly has been applied, either on the face or the mask, the child can start layering the plaster, by dipping each piece into the water container. If working on the child’s face, it is the art therapist who will be doing this part of the activity. If working on another mask, the plaster can be left on it for the whole drying time. If working on the child’s face, and the mask has started to
dry into the desired shape, the art therapist can start pulling it off delicately. A hair-dryer may come in handy, as it can be used to accelerate the drying process. This procedure needs to be repeated a second time in order to complete the second mask.

During the next step to this activity, the child is invited to paint, and finish the masks. Again, newspapers can be placed on the working surface of a table. The paint colors and paintbrushes should be accessible to the child. A container of water and a mixing palette are necessary in order create the many hues and tones. Once the paint has completely dried, tissues and other materials can be glued onto the masks. See Figure 5 for examples of masks.

Finally, the art therapist can encourage the child to wear each mask: For each one, the child can give a short presentation of the character by using different voices and intonations. The art therapist can interview each mask character with the following questions: Who are you? How would you like to be perceived by the other mask character? What do you think the other mask character knows about you? How is the other mask character making you feel? Do you feel that the other mask character knows you?

5.4. Warm-up tips.

When wearing the masks for the first time, the therapist can ask the child to express one sound or word to present the mask character. This warm-up can be pushed to finding one body-sculpt to reflect the mask character's personality. These warm-ups can help the child identify and develop each mask's character and personality.
5.5. Group adaptation.

In a group format, children can help each other in the making of their masks, particularly when choosing to make them directly on their face. Of course, depending on the art therapist’s tolerance for chaos, working in pairs on each other’s faces can be most interesting. In a group, the making of the mask can be limited to one per child, since they can share each other’s mask in order to embody different characters.

Figure 5. Examples of masks.

Activity 6: A Mourning Ritual

6.1. Material needed.

The framed images completed in Activity 3, candles and candle holders, a lighter, flowers, large cloths to drape furniture, any significant photographs and objects representing people the child is missing, photographs and objects representing the previous home and other areas which the child used to attend, paper, felt markers and
pencils. A box of facial tissues and a camera to take pictures of the installation may be useful for this activity.

6.2. Therapeutic purpose of the activity.

As explored within the Chapter Two of the present research paper, it is known that relocated children need to deal with unresolved grief issues. During the depression stage, it is when the feelings of “anger and rage... [are] replaced with a sens [sic] of great loss” that finally the pain will come to diminish (Kübler-Ross, 1998, p. 85). Since a relocation does not imply the death of people they love, “there are no markers, no rites of passage recognizing them as they occur – [therefore, the relocated children have] no recognize[d] way to mourn” (Pollock & Van Reken, 2001, p. 172). Many reasons can lead to unresolved grief: insufficient time to explore the loss, the idea that grieving is a weakness, and the lacked recognition of the hidden losses resulting from an absence of comfort (Pollock & Van Reken; Storti, 1997; Zwart & Nieuwenhuis, 1998). More so, “in regular mourning circumstances numerous social rituals help the person concerned through the process. There is, however, no social custom or general ritual to support a mourning process following traumatic life events” (Herman, as cited in Zwart & Nieuwenhuis, 1998, p. 67). For instance, in the case of TCKs (Third Culture Kids), “…the collection of significant losses and separations before the end of adolescence is often more than most people experience in a lifetime” (Pollock & Van Reken, p. 166).

Rites of passage and healing rituals have been used in therapy to install a secure and predictable environment, necessary for an individual to allow oneself to attain emotional catharsis (Dosamantes-Beaudry, 1998; Weiner, 1998; Winnicott, 1971/2001). Based on Koestler’s (as cited in Dosamantes-Beaudry, 1998) proverb, “reculer pour
mieux sauter [running backwards in order to get a better jump]"), the sequence of regression-integration allows the individual to deepen the exploration of the emotional ‘knot’, until she or he is ready to finally move on (p. 79).

6.3. Procedure.

First, the art therapist needs to prepare the child for the ritual. To do so, the therapist may review with the child elements which were brought up during Activity 3. At this phase of settling down, these difficult elements can be explored further (Weiner, 1998). Here, the therapist can suggest the idea of having a ‘ritual’ to honour what was lost because of the move. A date should be fixed for the ritual in order to give enough time for the child to remember all that she or he is missing. For this purpose, the child can take her or his passport (see Activity 1) home, and write a list of all the people, the objects, the places, and the habits which she or he is missing from the previous life before the move. The mourning ritual can be organized gradually towards a chosen date for its happening: How is the child visualizing the ritual? How will the space be organized? Will candles and flowers be appreciated? In order to process these decisions, the therapist can show images of different mourning rituals from different cultures. The day of the mourning ritual, the therapist can organize the room before the child walks in (See Figure 6 for an example of a space which has been organized for a mourning ritual). Time needs to be provided for each loss the child wants to highlight, so that it can finally be grieved. Finally, with a camera, the art therapist can take a picture of the ritual scene, and give it to the child. If the child seems to be using the passport regularly for journaling the therapeutic process, the picture can be added to it. Any memories surfacing after the ritual are encouraged to be written or illustrated in the passport constructed in Activity 1.
6.4. Warm-up tips.

There was no funeral.

No flowers.

No ceremony.

No one had died.

No weeping or wailing.

Just in my heart.

*I can’t...*

But I did anyway,

And nobody knew I couldn’t.

*I don’t want to...*

But nobody else said they didn’t.

So I put down my panic

and picked up my luggage

and got on the plane.

There was no funeral

(Alex Graham James, as cited in Pollock & Van Reken, 2001, p. 165). The poem above, “Mock Funeral”, can be read to the child and used as an ‘ice-breaker’ to tap into the sadness, a stimulate the mourning that never was.

6.5. Group adaptation.

In order to create a mourning ritual within a group format, it is important to review with the group members the pre-established group rules. The date and the shape
the ritual will take can be discussed with the group. Again, the organization of the ritual can be achieved gradually towards the determined date.

*Figure 6. An example of a space which has been organized for a mourning ritual.*

*Part Three: Moving Forward*

The day came when I did not have to do an effort to finally feel included: There I was, with them, belonging. Without realizing it, I had travelled a long way into their culture. Now, I am invited out without wondering whether someone will think of calling me. More intimacy is taking place between my new friends and I, since they are starting to share their secrets with me. I am no longer invisible. Me too, I am a member of this new community, and this new ‘home’, is also mine.
The third part of the guide, Moving Forward, is concerned with the ways a child will find some resolution to the adaptation process issues which started after a move. Additionally, this third part of the guide hopes to prepare the child towards a positive termination of the therapy treatment. It is understood that the adaptation process is endless: So how can it be considered completed? Yoshikawa (1988) believes that it is when the individual has reached the fifth stage of cross-cultural adaptation, the double-swing, that one has by then reached “a considerable level of perceptual maturity, openness, and balance” (p. 148). He describes that an individual who attained this stage “draw[s] nourishment from their first… [and] second culture” (p. 148).

Despite this ultimate self-achievement, the individual will first need to develop a flexible outlook upon their situation, developed within the autonomy stage, the fourth stage of cross-cultural adaptation (Yoshikawa, 1988). To develop a more flexible outlook, it implicates that the individual pursues the adaptation process by becoming more independent, “accept[ing] and appreciat[ive of] cultural similarities and differences” (p. 142). This change in one’s attitude can be crucial for the adaptation state to happen, which will come when this individual “in a system… fit[s] or function[s] better than before the changes occurred” (Kim & Boski, as cited in Berry, 1988, p. 62). According to Yoshikawa (1988), is it only through complete mastery of a new emerging self, the “identity-in-unity” or “duality-in-unity” that one has reached the ultimate double-swing stage (Yoshikawa, 1988, p. 142).

In the following, Kübler-Ross (1969) describes the fifth stage of the grieving process, acceptance, in coherence with the last two last stages of the adaptation process:
[When the individual had] reach[ed] a stage during which he is neither depressed nor angry about his ‘fate’ .... [and has] mourned the impending loss of so many meaningful people and places.... [This stage is] not to be mistaken for a happy stage; it is almost void of feelings....as if the pain had gone, the struggle is over (p. 112-113).

With this new acceptance, one can ‘let go’ of the past, and start living in the present again. In this perspective, the acceptance stage of the grieving process is comparable to the autonomy stage of the cross-cultural adaptation process: The individual will once again feel “settled and comfortable”, living in the present rather than in the past or in wishful future, for now this person is an “intimate part of...[the] community” (Pollock & Van Reken, 2001, p. 62).

If the relocated child responds to the characteristics listed in this third part of the guide, it is at this point in the treatment that the art therapist will need to initiate closure. With this particular population, it is fundamental that the issue of termination be spoken of quite early in the therapy: Activity 6 (see Part Two of the guide) can be a good moment to discuss the end of the therapy. Termination can be difficult for the relocatee. It will awaken the loss from the past and any unresolved grief. In deciding when to terminate, reference to Weiner (1998) is suggested. Otherwise, in most settings, neither the child nor the art therapist will decide upon the termination date. Circumstances are that this moment is often imposed. May this cause no worry: Loss being the main issue at stake within the relocated child population, it is in the termination itself that resolution will finally be achieved.
Activity 7: *The Möbius Strip Design*


A large construction sheet, dry pastels and crayons, led pencils, scissors, glue, colourful magazines, preferably of travel and geography.

7.2. *Therapeutic purpose of the activity.*

The purpose of this activity is to engage the child into exploring and becoming aware of the multiple facets developed throughout past and present life experiences, and how their interactions have influenced their personality in becoming the individual she or he is today. This activity refers to Yoshikawa’s (1988) double-swing stage. He believes that the idea of forging a new identity comes after combining the dualistic conception an individual first has when confronted to the host milieu realities: “It is a persistent tendency… to view the new culture as the opposite of one’s original culture” (p. 145). Therefore, this activity suggests stimulating the child into perceiving how these opposite ‘worlds’ can work together in order to enrich the experience of relocation.

For this activity, the Möbius strip symbol (see Figure 7) is used for its meaning of eternity, represented by the never ending movement travelling from the left to the right of the symbol (Yoshikawa, 1988, p. 146). Yoshikawa explains how “transcendence of the opposites” (p. 146) is symbolized in the Möbius strip symbol:

They are in the realm of inbetweenness, having transcended the binary ‘we-they’ perception of the world. The transcendence to binary perception is considered a key to achieving successful cross-cultural adaptation…. It is an advance stage, nonetheless, in which a considerable level of perceptual maturity, openness, and balance has been realized (p. 148).
Finally, this activity is intended to provide the child with the opportunity to explore her or his *self-concept*, which "strives for unity and consistency" of the personality (Buss, 2001, p. 257).

![Möbius strip symbol](image)

*Figure 7. The Möbius strip symbol.*

7.3. *Procedure.*

For this activity, the child is invited to explore the different cultures which she or he has inherited from the different ‘homes’ and contributed to the shaping of her or his identity. To do so, the art therapist can encourage the child to explore her or his present and previous surroundings, environments, countries, families, schools, etc. For a child who is experiencing her or his first relocation, then this child has two ‘homes’ to explore. A Möbius strip symbol, a big up-side down eight which has two loops, can be traced by the art therapist on a large construction sheet. Depending on the number of previous homes, the art therapist can add loops to the figure (see Figure 8). Each loop represents one of the child’s homes or schools, or any other previous location or residence. With any of the listed drawing material above, the child can color each loop with a different color in order to distinguish them. With the help of the art therapist, the center of the symbol can be filled with a color, revealing the result when mixing them all. The metaphor of
doing this is to help the child process the idea that the unity of all experiences can bring
‘more’ to a person, than when these experiences are perceived as separate experiences.

Once the Möbius design of the child has been completed, the child can start
selecting images from the magazines. The art therapist can suggest the child to choose
images representing the different ‘lives’ corresponding to the loops: To do so, she or he is
couraged to flip through the magazines, and collect only the picture that ‘speaks’ to her
or him. Once the magazine images have been collected, the child can then glue or stick
them into the corresponding loop of the Möbius design. Once completed, the child can
then work with the photocopied images: She or he can choose to stick them into the
center of the diagram to show what will remain from the previous life.

7.4. Warm-up tips.

For this activity, the passport (see Activity 1) can be a good source of information
to review the various influences which have contributed to the child’s identity shaping.
For instance, what is the passport’s cover page flag? Are there any particular activities
that the child did in her or his other school that she or he does not practice any longer in
the actual school? Magazines are also an excellent source to stimulate inspiration.

7.5. Group adaptation.

If adapting this activity to a group format, it can be interesting to have a small
show-case of all the Möbius strips which have been produced in the group. The purpose
of this activity would be to acknowledge any similarities and differences between the
group members’ different backgrounds.

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Figure 8. An example of a Möbius strip design: The loops reveal the multiple cultural heritage of the person, and how they shape that person’s identity.

Activity 8: Making a Mobile

8.1. Material needed.

Three rods (either of wood, bamboo, or metal), strings (either fishing line, crochet threads, ribbons, or dental floss), glue (either hot glue gun, paper glue, or super glue), scissors, paint colors, paint brushes, mixing color paint palette, a water container, any four or more significant objects to hang (not too heavy objects, but objects with significant and similar weight for each): photographs and magazine pictures, small objects from the previous home etc.

8.2. Therapeutic purpose of the activity.

This activity focuses on facilitating the therapy’s termination, as well as the validation of the un-going therapeutic work that has been achieved. The purpose of this
activity is to engage the child and the art therapist to work together into creating a transitional object, in this case being the mobile. At the end of the therapy, the child will keep the mobile in reminiscence of the therapeutic relationship. According to Winnicott (1971/2001), the transitional object is an object in which the child has projected the illusion of “the early stage”, a time when the relationship between the first parental figure and the child was omnipotent (p. 11). In addition, the use of strings in this activity can act as other transitional objects of the therapeutic relationship: Indeed, such “attaching materials are symbolic of the parent-child attachment” (Proulx, 2003, p. 70). More so, the creation of a mobile can become a transitional object on which the child’s self-concept can be projected. Pulled together from fragmented parts, the art therapy mobile is a reflection of the child’s multi-cultural backgrounds, cultural defining one’s sense of belonging to different groups. Finally, the creation of a mobile is an interesting symbol for the relocated child, for its fragmented and moving parts are reminders of the child’s own ‘mobility’.

8.3. Procedure.

In order to create the mobile, the objects to be hanged first needs to be identified. At one of the last sessions, the art therapist can ask the child to bring a series of objects which are meaningful, such as objects from previous living locations. These objects can be as small as buttons from a friend’s shirt, coins from a foreign country, dried flowers or plants, pictures, figurines carved out of light wood, etc.

Of course, mobiles can take many shapes. The following indications are suited for one type of mobile, but it remains up to the child how the final product should turn out. In order to construct a mobile with different levels, follow the indication below: First, the
child will need to concentrate on the first level of the mobile by attaching an object on each end of a rod. The child can do so by tying a knot with the thread to each extremity of the rod. The knot can be secured with a dab of glue. After identifying the balance point of this first level, another line can be attached to it, and connected to the extremity of the second rod. At the other extremity of this rod, another object can be attached in the same manner. After tying another thread at the balance point of the second rod, this same thread can be attached to the third rod and its fourth object. This last rod’s balance point will be the point where the mobile will be hanged at the ceiling (See Figure 9).

8.4. Warm-up tips.

Of course, the type of mobile described above in this activity can be considered as the ‘classic’ kind. There are not limit the child’s creativity, and if a spiral mobile is what the child wishes to construct, then the art therapist can support this idea. Various shapes of mobiles can reflect more personalized mobile, and may even be less complicated to construct: For instance, for a spiral mobile can be created by moulding a thin, but strong enough metal rod, on which objects are then attached. Depending on the objects brought in by the child, the mobile design can vary, and should be discussed or illustrated before it can be made.

8.5. Group adaptation.

Many options are possible with a group format. First, each group member can bring small objects symbolizing their role and within the group. Arranged together onto selected rods, the result would be a group mobile that can be hung in a shared area, such as a hall or lunchroom, depending on the setting where the art therapy group took place. In the case of creating a mobile for each member of the group, children can bring small
objects that can then be shared with the other participants. Mobiles are finally constructed individually, with objects given by the members of group.

*Figure 9. An example of a mobile.*
Chapter 5: Discussion

Assembling the present paper has been an important personal endeavour, resonating with my uprooted childhood experience. Conducting this research has given me the opportunity to gain a deeper understanding of the cross-cultural process and grieving process. But more so, this research construction has helped me synthesize and ‘pull together’ what felt to be ‘unsettled’.

Nevertheless, the present guide was conceived especially for art therapists working with the relocated school-age child population. The belief behind this guide was that art therapy could offer beneficial support to the geographically relocated child who underwent an important environmental transition due to a recent move. The literature review has furnished sufficient findings acknowledging the particular struggles of cross-cultural adaptation and relocation, both terms identifying the adjustment difficulties caused by the adaptation process. Constructed upon the merging of the cross-cultural adaptation model suggested by Yoshikawa (1988) and Kübler-Ross’ (1969) understanding of the grieving process, art therapeutic tools presented in the guide have been brought together. Indeed, it also supports the idea that the quality of the latent years foresees the child’s adolescence. The guide suggests that art therapy could act as a positive mediator for the child’s internal state in relation to the numerous changes involved in relocating.

After reviewing and studying different programs and focusing on supporting the relocated populations, the activities suggested for this guide have been chosen to supplement the art therapist with a sufficient luggage of creative tools to follow a relocated child throughout her or his therapy.
Mainly grounded in a theoretical perspective, one limitation of this guide remains that it is a hypothetical research: Even though the activities listed in this paper have been experienced by children, there has not been any research yet pursued on the workability of the guide in its effectiveness. It is my hope that this paper provides such a foundation for further research. The art therapist working with this guide is reminded that this tool has not been conceived to address sequels of trauma and violence, issues that some immigrants and refugees may bring into the therapy. Consequently, it is strongly advised to acquire the necessary information if exposed to such circumstances.

Emotional support given to school children is essential in order to help them develop and gain positive assets, and therefore, be more prepared for eventual life challenges. Hopefully, this art therapy guide will become a useful tool for therapists in helping relocated children surpass the obstacles and facilitate their integration into any society.
Appendix A:

Email message sent to the Canadian Creative Arts Therapists on Yahoo Groups at art_therapy@yahoogroups.com

Hello,

I am about to complete my studies at Concordia University in Montreal, in the program of art therapy. I am presently in the process of writing my final research paper and you might be able to help me! For my research, I am constructing an art therapy program for latency-aged children suffering from adaptation difficulties due to a recent geographical relocation. I am presently in the process of defining the methodology of my work, and hope to gather the most information on all the different programs conceived for migrant children who are using art therapy techniques. I am limiting the findings to the Montreal area. If you have been working with this population or have constructed a program of your own but have not yet applied it to this population, I would greatly appreciate your sharing. With your consent, I will ask you a couple of questions; their answers will then be added in my research paper, in order to demonstrate the continuity of our field. Your name and/or placement will be mentioned, as well as your work. Your participation will be greatly appreciated!

Thank you,

Marie-Pascale Dionne

tel:(514) 271-7245

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Appendix B:

Questionnaire s’adressant aux art-thérapeutes oeuvrant auprès d’une clientèle d’enfants ayant vécu une relocalisation géographique récente

1. Quelle est la clientèle cible de votre programme (spécifier son groupe d’âge, sexe, situation politique, etc.)? Comment vous a-t-elle été référencée?

2. Quelles sont les approches thérapeutiques que vous employez auprès de cette clientèle? Est-ce bien de l’art thérapie?

3. Est-ce que vous rencontrez cette clientèle en groupe ou plutôt de manière individuelle? Quelle est la fréquence de ces rencontres et combien de temps allouez-vous à celles-ci?

4. À votre avis, croyez-vous qu’il y a une demande pour des programmes auprès des enfants ayant vécu une relocalisation géographique récente?

5. Connaissez-vous d’autres lieux ou programmes utilisant l’art thérapie pour des enfants souffrant de difficultés d’adaptation suite à une relocalisation géographique? Si votre réponse est positive, s’il vous plaît indiquer les informations nécessaires afin que je puisse les contacter.

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Appendix C:

Assessment addressing art therapists who are working or have worked with a relocated child population

1. Define the clientele for which your program has been created for (specify group age, sex, political situation if applicable, etc.). How was this clientele referred to your program?
2. What are the therapeutic approaches you have been using or are using with this clientele?
   You are using art therapy?
3. Do you meet with this clientele in a group format, or rather on an individual basis?
   What is the frequency of these encounters and how much time are you allowing for these?
4. To your opinion, do you believe there is a demand for programs constructed for children who have lived a recent geographical relocation?
5. Do you know about any other places or programs which are using art therapy with children suffering from adaptation difficulties due to a geographical relocation? If your answer is positive, please include any contact information.

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Appendix D: The Inside Pages of a Constructed Passport

This Passport belongs to:

-------------------

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Information about myself:

Date of birth:__________
Height:______________
Weight:______________
Hair color & texture:______________
Eye color:______________
Shoe size:______________
Size:______________
Family name:______________

Things I like:

© 2007 by Marie-Pascale Dionne
Things I dislike:

Other things that I am:

My family:

Places I've been to:

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